

New Construction Plan Review Application

FOR FOOD, BEVERAGE, AND LODGING ESTABLISHMENTS

Establishment information

Establishment name _____

Establishment address _____
Street City State ZIP

County _____ Business Phone _____

Mark all that apply

☐ Private water ☐ Municipal water If private water, unique well # _____

☐ Private sewer ☐ Municipal sewer

Proposed date for start of construction _____ Proposed date for completion of construction _____

Submitter information

Submitter/co. _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Owner information (if different from submitter)

Owner/co. _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Contractor/Architect/Engineer information (if different from submitter/owner)

Company name _____

First name _____ Last name _____

Mailing address _____
Street City State ZIP

Contact phone _____ Cell phone _____ Email _____

Public pool or spa only

Is there a swimming pool or spa pool operated for public use on the premises? ☐ Yes ☐ No

Food, beverage and lodging establishment definitions

Category 1 establishment provides one or more of the following:

Pre-packaged food that is served in the package; continental breakfast such as rolls, coffee, juice, milk and cold cereal; serves beverages; cleans eating, drinking or cooking utensils or is a child care facility licensed under MN Statutes, 245A.03; a food establishment where the method of food preparation is low-risk as defined by MN Statutes, 157.20 subd. 2(c).

Category 2 establishment is not a category 1 establishment and is either a food establishment where the method of food preparation is medium risk as defined by MN Statutes, 157.20 subd. 2 (b); an elementary school or secondary school as defined in MN Statutes, 120A.05.

Category 3 establishment is not a category 1 or 2 establishment and is either a food establishment where the method of food preparation is high risk as defined by MN Statutes, 157.20 subd. 2 (a); an establishment where 500 or more meals are prepared each day and served at one or more locations.

Additional food service - a location at a food establishment, other than the primary food preparation and service area, used to prepare or serve beverages from a bar or prepare food to the public.

HACCP - an annual fee category for a business that performs one or more specialized process that requires an HACCP plan as required in chapter 31 and MN Rules, chapter 4626.

Individual water - a private water supply other than a community public water supply.

Individual sewer - a private sewage treatment system, which uses subsurface treatment and disposal.

Lodging per unit - the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

Plan review fee schedule

The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you will receive a food license application from the Sanitarian noted in your approval report.

Food and beverage service (food service/restaurant, daycare, school, catering)

Category 1 establishment	\$550	\$ _____
Category 2 establishment	\$750	\$ _____
Category 3 establishment	\$800	\$ _____
Additional food service	No. ____ X \$400	\$ _____
Additional food service (bar)	No. ____ X \$400	\$ _____
HACCP plan review	\$600	\$ _____

Lodging facilities (hotel, motel, board & lodge, youth camp)

Lodging: < 25 rooms	\$450	\$ _____
Lodging: 25 to 99 rooms	\$500	\$ _____
Lodging: 100 or > rooms	\$600	\$ _____

Youth Camp only - No fee

Resorts

Cabins: < 5	\$400	\$ _____
Cabins: 5 to 9	\$450	\$ _____
Cabins: 10 or >	\$500	\$ _____

Plan review applications submitted less than 30 days prior to construction are subject to an additional late fee equal to 50 percent of the original plan review fee.

Late fee (if applicable) \$ _____

Total plan review fee submitted \$ _____

This must be completed in order to review your plan

Finish material schedule

Attach additional sheets if needed

Finish material schedule

Room number	Finish area	Walls	Ceilings	Floor/basecove
Example "room 1"	Kitchen	FRP/stainless behind cooking equipment	Smooth vinyl tiles	Quarry tile/quarry tile cove base
	*Mop sink area			

*Mop sink areas must have compliant finishes. (enter mop sink information)

What will the wall finish be behind the cooking equipment? ☐ Insulated stainless steel panel ☐ Ceramic tile

Floor and base finish of the walk in refrigeration/freezer: (if installing)

Walk in cooler(s) Floor _____ Base _____

Walk in freezer(s) Floor _____ Base _____

Walk in keg cooler(s) Floor _____ Base _____

Commercial water heater model and size (gal): Model _____ Size _____

(Location of water heater must be on the layout)

This must be completed in order to review your plan

NEW CONSTRUCTION PLAN REVIEW APPLICATION

Equipment schedule

Attach additional sheets if needed

New equipment* - Submit **manufacturer specifications sheet** for each piece of new equipment.

Used equipment - List used equipment below. Photographs of used equipment suggested.

Equipment schedule

[illegible]

Used or existing equipment will be field approved prior to installation by MDH.

Enter brief description of project

Documents required for applying

- ☐ All 5 pages of this application
- ☐ Payment for all plan review fees made payable to **Minnesota Department of Health**
- ☐ Easily readable layout to scale including:
 - location of equipment
 - hand sinks
 - ware-washing equipment
 - storage areas
 - wait stations
 - bars
 - janitor areas
- ☐ Finish and equipment schedule
- ☐ Intended menu
- ☐ Manufacturer specifications sheet for each piece of new equipment
- ☐ Set of elevations and drawings for all custom fabricated equipment
- ☐ Cabinetry and counter top information
- ☐ Sleeping room dimensions for lodging establishments

Variance Request

You may apply for a variance (exception) from some parts of Minnesota Rule 4626.

For help filling out this application contact your District Office

Bemidji	218-308-2100	Metro	651-201-4500
Duluth	218-302-6166	Rochester	507-206-2700
Fergus Falls	218-332-5150	St. Cloud	320-223-7300
Mankato	507-344-2700		

Submit application/fee to

Make checks payable to Minnesota Department of Health

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

Minnesota Department of Health
Food, Pools, and Lodging Services Section
PO Box 64975 - Plan Review
St. Paul, Minnesota 55164-0495

health.foodlodging@state.mn.us
651-201-4500
www.health.state.mn.us

07/01/2025

To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.