

APPLICATION FOR INITIAL COMMUNITY ENVIRONMENTAL HEALTH LICENSE



Saint Paul - Ramsey County Public Health
 Environmental Health Section
 Community Environmental Health Program
 2785 White Bear Avenue North, Suite 350
 Maplewood, MN 55109-1320

Telephone: 651-266-1199
 Fax: 651-266-1177
 www.co.ramsey.mn.us/ph

Print or type all information. Keep copy of the completed form for your records and send the completed original to Ramsey County Environmental Health Section at the address listed above.

This application contains four pages. Complete and sign on the back on both forms.

TYPE OF LICENSE APPLICATION:

<p><u> </u> Food Service: (circle type below)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Bar</td> <td style="width: 25%;">Bed & Breakfast</td> <td style="width: 25%;">Cafeteria</td> <td style="width: 25%;">Catering</td> </tr> <tr> <td>Commissary</td> <td>Continental Breakfast</td> <td>Concession Stand</td> <td>Day Care</td> </tr> <tr> <td>Deli</td> <td>Restaurant, Fast Food</td> <td>Restaurant, Full Menu</td> <td>Restaurant & Bar</td> </tr> <tr> <td>Seasonal</td> <td>School</td> <td>Snack Bar</td> <td>Vehicle</td> </tr> <tr> <td colspan="4">Other: _____</td> </tr> </table>	Bar	Bed & Breakfast	Cafeteria	Catering	Commissary	Continental Breakfast	Concession Stand	Day Care	Deli	Restaurant, Fast Food	Restaurant, Full Menu	Restaurant & Bar	Seasonal	School	Snack Bar	Vehicle	Other: _____				<p><u> </u> Swimming Pool: Indoor - Outdoor (circle one) Swimming-Spa-Wading (circle one)</p> <p><u> </u> Manufactured Home Park or Recreational Camping Area: No. Of Sites _____</p> <p><u> </u> Youth Camp</p> <p><u> </u> Lodging Facility: No. of Rms.: _____</p>
Bar	Bed & Breakfast	Cafeteria	Catering																		
Commissary	Continental Breakfast	Concession Stand	Day Care																		
Deli	Restaurant, Fast Food	Restaurant, Full Menu	Restaurant & Bar																		
Seasonal	School	Snack Bar	Vehicle																		
Other: _____																					
<p><u> </u> Retail Food Service: (circle type below)</p> <p>Bakery Convenience Store Supermarket/Grocery Store Meat Market Packaged Food</p> <p>Vending Commissary (also attach separate form for machine registration) Other: _____</p> <p>Estimated Annual Gross Sales \$ _____</p>																					
<p>Name of Certified Food Manager: _____ Copy of MDH certificate must be attached.</p>																					
<p>Reason For License Application (Check One):</p> <p><u> </u> New Facility <u> </u> Change of Ownership - facility previously licensed <u> </u> Re-Classification</p>																					
<p>Anticipated Date for Business Opening or Ownership Change:</p>	<p>Fee Code _____ Fee \$ _____</p> <p>Fee Code _____ Fee \$ _____</p>	<p>Fee Code _____ Fee \$ _____</p> <p>Fee Code _____ Fee \$ _____</p>																			

OWNER INFORMATION:

Business Type (circle one): Corporation LLC Sole Proprietorship Partnership Institution Other				
Name of Corporation or Proprietor				
Mailing Address				
City	State	Zip	Telephone Number ()	

APPLICATION CONTINUED ON THE BACK OF THIS FORM

BUSINESS LOCATION INFORMATION:

Name of Business <i>(as it will appear on license; example – Acme Sandwich Shop)</i>		Store No. <i>(if applicable)</i>	
Site Address of Business	City		Zip
Telephone Number at Business Location ()			

BILLING INFORMATION: Annual license applications will be sent to the address listed below:

Bill To:			
Attention:			
Mailing Address	City	State	Zip
Telephone Number () Extension			

CERTIFICATION:

I certify under penalty of the law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that all food equipment must meet the applicable standards of NSF International, and that plans and specifications must be submitted for review and approval prior to new construction, remodeling, or alteration. I hereby apply for a Ramsey County License subject to all conditions and provisions of the applicable State of Minnesota Rules and Ramsey County Ordinance(s).

_____	_____
Signature	Date
_____	_____
Name <i>(Please print or type)</i>	Title

FOR OFFICE USE ONLY:

Date Received: ____ / ____ / ____	License Category: ____	License Fee \$ ____
Certified Managers Certificate: Yes No Not Required	Risk Category: H M L	
Sanitarian Initials / Date: _____ / _____	Mail or Deliver	
Receipt # _____	Amount Paid: \$ _____	Check # _____
Account # _____	Invoice # PHCS- _____	Work Comp Info Complete <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Payment Posted _____	Deposit ID # _____	Entered by (initials): _____

**CERTIFICATE OF COMPLIANCE - MINNESOTA DEPARTMENT OF REVENUE
AND WORKERS COMPENSATION INSURANCE INFORMATION**

St. Paul – Ramsey County Public Health
Environmental Health Section
2785 White Bear Avenue N., Suite #350, Maplewood, MN 55109-1320
Phone #651-266-1199 Fax #651-266-1177

ITEM #1: LIST LICENSEE (OWNER), PARTNERS: *Persons listed may be held responsible for compliance with applicable ordinances.*

Name: _____ Title: _____

Street Address (PO Box must include street address): _____

City, State, Zip Code: _____

Phone #: _____ FAX #: _____

E-Mail: _____

ITEM #2: BUSINESS INFORMATION

Business Name: _____

DBA (doing business as name, if applicable): _____

Business Street Address (PO Box must include street address): _____

Business City, State, Zip Code: _____

Type of License:	<input type="checkbox"/> Food / Catering	<input type="checkbox"/> Hazardous Waste Facility
	<input type="checkbox"/> Lodging	<input type="checkbox"/> Hazardous Waste Generator
	<input type="checkbox"/> Mfg Home Park	<input type="checkbox"/> Self-Audit Generator (any type)
	<input type="checkbox"/> Swimming Pool / Spa	<input type="checkbox"/> Solid Waste Facility
	<input type="checkbox"/> Vending	<input type="checkbox"/> Solid Waste Hauler

ITEM #3: BUSINESS TAX IDENTIFICATION NUMBERS:

Under *Minnesota State Statute 270C.72*, Ramsey County is required to collect the Minnesota Business tax identification number, Federal Tax Identification number and social security number for each business license applicant. When requested, Ramsey County must supply this information to the Minnesota Department of Revenue.

Minnesota Business Tax Identification Number: _____

Federal Tax Identification Number: _____

Social Security Number: _____ - _____ - _____

(Social Security Number is required for Sole Proprietors Only)

Minnesota Statutes Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. Complete item #4 for the Workers' Compensation Insurance information.

NOTE: The required information in this section must be written on this form.
"See Attachments" will not be accepted as a replacement for written information.

ITEM #4: WORKERS' COMPENSATION INSURANCE INFORMATION:

1. Insurance company name (not the insurance agent's name): _____
2. Street address of insurance company: _____
City, State, Zip Code: _____
3. Workers' Compensation Insurance Policy Number: _____
4. Effective Date: _____ 5. Expiration Date: _____ 6. Total No. of Employees: _____

Or, _____ NO, I certify that I am not required to carry workers' compensation insurance because

(Check one): I am the sole proprietor and have no employees.

I am self-insured (you must include a copy of the permit to self-insure).

I have no employees who are covered by workers' compensation law.

(Exempt employees include: spouse, parents, and children – all other employees must be covered.)

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Name of Applicant: _____ Title: _____
(PRINT)

Signature of Applicant: _____ Date: _____