



Clay County Environmental Health  
715 North 11<sup>th</sup> Street, Suite 303  
Moorhead, MN 56560  
218-299-5004

**Print or type and check all applicable boxes. Incomplete or illegible applications will not be accepted and penalties may be assessed.**

**LICENSE APPLICATION - FOOD, BEVERAGE AND LODGING**

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes section 176.182 also requires information regarding workers' compensation insurance. All data submitted in this application is public data except the individual's social security number, which is private.

**Where should the license certificate, renewals, and notices be sent?**

Owner Address:

Establishment Address:

**Check (x) The License Type:**

Renewal - License # \_\_\_\_\_  New Establishment - Opening Date \_\_\_\_\_

Ownership Change - Previous Owner & License # \_\_\_\_\_

- Opening Date \_\_\_\_\_

**Applicant/Owner Information: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS**

MN Business Tax Identification #: \_\_\_\_\_

Primary Owner Name \_\_\_\_\_

If Corporation, please list primary officers \_\_\_\_\_

**Primary Email address to receive inspection report** \_\_\_\_\_

**Secondary Email address** \_\_\_\_\_

**Designated Mailing Address** \_\_\_\_\_

Owner Social Security #	Name	Street/PO Box	City	State	Zip	Telephone
_____	_____	_____	_____	_____	_____	_____

**Establishment Information:**

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Manager's Name \_\_\_\_\_

Location - County \_\_\_\_\_ Township \_\_\_\_\_

Website/VHR Listing Site & Number: \_\_\_\_\_

If not operating year-round:

Opening date \_\_\_\_\_

Closing date \_\_\_\_\_

**Workers' Compensation Information:**

Insurance Company Name \_\_\_\_\_

Designated Mailing Address \_\_\_\_\_

Policy # \_\_\_\_\_ of coverage \_\_\_\_\_ through \_\_\_\_\_

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent and children) are not covered by the workers' compensation law.

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I certify that the information provided on this application is accurate and complete:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Food, Beverage, and Lodging Establishment Definitions:**

**Limited Food Menu**-prepackaged food that receives heat treatment and is served in the package, frozen pizza that is heated and served, continental breakfast, soft drinks, nonalcoholic beverages, dish washing.

**Small Establishment**-food service with no salad bar, equipment not exceeding: one deep fat fryer; one grill; two hot holding containers; microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast, or boarding establishments. *Establishments which do not provide catering service and which meet "Medium Establishment" equipment criteria below but have a total seating capacity of 50 or less people are "Small Establishments".*

**Medium Establishment**-food service with seating over 50 and using a range, oven, steam table, salad bar, or salad preparation area, more than one deep fat fryer or grill, more than two holding containers, or provides catering.

**Large Establishment**-food service that meets the medium establishment definition and seats more than 175 people, serves a full menu selection an average of five or more days per week or caters 500 or more meals per day.

**Beer or Wine Table Service** - only beer or wine service to customers seated at tables.

**Alcohol Service From Bar** - alcoholic mixed drinks are served or where beer or wine are served from a bar.

**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.

**Vacation Home Rental**- any home, cabin, condominium or similar building that is advertised or held out to the public as a place where sleeping accommodations are furnished to the public on a nightly or weekly basis and is not a bed and breakfast, resort, hotel or motel.

**Number of Bedrooms**- is determined by the number of rooms in the dwelling furnished and used primarily as sleeping quarters.

**Public Swimming Pool**- any swimming pool other than a private residential swimming pool.

**Spa Pool**- a public hot water pool intended for seated recreational use.

**Due Date:** All license fees are due PRIOR to December 31st of the year for which the application is made or within 30 days of the date of opening for seasonal or new establishment. License fee received after these dates are subject to a penalty fee.

**Penalty Fee:** Additional charge added to the license fee when a person operates a business without first having made application and fee payment.

**Notice:** You must submit this application and pay all fees BEFORE you begin operations (MN Statutes, section 157.16)

**Please Note:** The license fee for operators *opening* on or after October 1 is one-half the appropriate license fee, plus any penalty that may be required. In no case can the fee be reduced lower than one-half the regular annual fee.

Fee Schedule:		Fee Calculation:	
Base Fee (all establishments) -	\$ 200	\$	<b>Select the appropriate License Category:</b>
Food: Only the highest applicable category			
Limited Food Menu	\$ 60	\$	
Small Establishment	\$ 120	\$	
Medium Establishment	\$ 310	\$	
Large Establishment	\$ 540	\$	<input type="checkbox"/> Food <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Boarding
Additional Food Service _____ x	\$ 150	\$	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Resort <input type="checkbox"/> Lodging Estab. <input type="checkbox"/> Vacation Home Rental <input type="checkbox"/> Medical Lodging
HACCP Verification	\$ 175	\$	
Alcohol: Only <u>one</u> highest applicable category			
Beer or Wine Table Service	\$ 60	\$	
Alcohol Service from Bar	\$ 165	\$	
Other: All applicable categories			
Lodging - # of units _____ x (Maximum lodging fee of \$1,000)	\$ 10	\$	
Vacation Home Rental - # of bedrooms _____ x	\$ 10	\$	
Public Swimming Pools	\$ 355	\$	
Additional Pools - # _____ x	\$ 200	\$	
Spa Pool	\$ 200	\$	<b>For Office Use Only:</b> License Risk Category:    H    M    L Check #: _____ Amount Rec'd: \$ _____ Inspector Initials: _____  <b>Clay County/City of Moorhead</b>
Additional Spas - # _____ x	\$ 110	\$	
Individual Water or Sewer	\$ 60	\$	
Late Penalty (1-30 days)	\$ 120		
Late Penalty (after 30 days)	\$ 360		
<b>Submit with Application:</b>	<b>Total Fee</b>	<b>\$</b>	

Notice: The issuance of a dishonored check to this department will require a service charge of \$30.00 per check pursuant to Minnesota Statutes, Section 604.113. subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

- Make Checks Payable to: **Clay County Public Health**

Boarding and Lodging Establishments: Are you registered for Chapter 157.17, Special Services? \_\_\_\_\_

Are you registered for Chapter 144D, Housing with Services? \_\_\_\_\_