



ENVIRONMENTAL HEALTH & FOOD SAFETY
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: (612) 673-2170, FAX: (612) 673-5819

FOR OFFICE USE ONLY	
LICENSE ID NUMBER:	
FEE: \$	
LICENSE CLERK:	DATE:

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

BUSINESS & OWNER INFORMATION

NAME OF PROPOSED BUSINESS (PLEASE PRINT):		TELEPHONE NUMBER:	
STREET ADDRESS OF PROPOSED BUSINESS:		CITY:	STATE: ZIP CODE:
NAME OF OWNER:	EMAIL ADDRESS:	TELEPHONE NUMBER:	
MAILING ADDRESS OF OWNER		CITY:	STATE: ZIP CODE:

APPLICANT INFORMATION

NAME OF APPLICANT:		TELEPHONE NUMBER:	
MAILING ADDRESS OF APPLICANT		CITY:	STATE: ZIP CODE:
TITLE OF APPLICANT: (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.)		EMAIL ADDRESS:	

CONSTRUCTION CATEGORY (check one)

- | | |
|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> CHANGE OF LOCATION |
| <input type="checkbox"/> REMODEL (New Owner, Same Business) | <input type="checkbox"/> REMODEL (New Owner, Different Business) |
| <input type="checkbox"/> REMODEL (Same Owner, Same Business) | <input type="checkbox"/> REMODEL (Same Owner, Different Business) |

LICENSE CATEGORY (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> GROCERY |
| <input type="checkbox"/> FOOD MANUFACTURER | <input type="checkbox"/> CONFECTIONERY |
| <input type="checkbox"/> MEAT MARKET | <input type="checkbox"/> OTHER: (Please specify) _____ |

TYPE OF SERVICE (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> SIT DOWN MEALS | <input type="checkbox"/> MOBILE VENDOR | <input type="checkbox"/> OTHER: (Please specify) _____ |
| <input type="checkbox"/> TAKE OUT | <input type="checkbox"/> DELIVERY | _____ |
| <input type="checkbox"/> CATERING | <input type="checkbox"/> LIQUOR | _____ |

PROPOSED HOURS OF OPERATION (Must Conform to City of Minneapolis Ordinances)

- | | |
|---|--|
| <input type="checkbox"/> SUNDAY: _____ | <input type="checkbox"/> THURSDAY: _____ |
| <input type="checkbox"/> MONDAY: _____ | <input type="checkbox"/> FRIDAY: _____ |
| <input type="checkbox"/> TUESDAY: _____ | <input type="checkbox"/> SATURDAY: _____ |
| <input type="checkbox"/> WEDNESDAY: _____ | |

OTHER INFORMATION

TOTAL SQUARE FOOTAGE OF FACILITY: _____	NUMBER OF SEATS: _____
NUMBER OF EMPLOYEES (Max per shift): _____	NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____
PROJECTED DATE FOR START OF PROJECT: _____	
PROJECTED DATE FOR COMPLETION OF PROJECT: _____	
NAME OF CERTIFIED FOOD MANAGER: _____ COURSE DATE AND/OR EXPIRATION DATE: _____	

Note: If processing potentially hazardous food products, must have certified food manager onsite before opening for business.

PRINT NAME:	SIGNATURE OF APPLICANT:	DATE SIGNED:
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**Fees must be paid when plans are submitted (see "Food Establishment Plan Review Guide" for risk and fee).
 MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNEAPOLIS FINANCE**