



EDINA HEALTH DIVISION  
4801 WEST 50<sup>TH</sup> STREET  
EDINA, MINNESOTA 55424-1394  
952-826-0370

### SPECIAL EVENT FOOD STAND APPLICATION

**Special event food stand:** a food establishment which is used in conjunction with celebrations and special events, and which operates no more than three times annually for no more than ten total days. All food stands must operate in compliance with the Minnesota Food Code and Edina City Code. Application must be submitted 5 days before event.

Name of Event \_\_\_\_\_  
Address of Event \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_  
Operator Name \_\_\_\_\_ Phone \_\_\_\_\_  
Operator Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Person in charge of Food Operation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Minnesota Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_  
Social Security Number (If Applicable) \_\_\_\_\_  
If a Minnesota Tax ID is not required please explain: \_\_\_\_\_

**YOU MUST SIGN IN THE BOX BELOW BEFORE A LICENSE WILL BE ISSUED.**

**THE MINNESOTA DATA PRACTICES ACT** requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, the Minnesota State Auditor and if required by a court order. Applicant's residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Applicant's signature on this application indicates applicant has read and understands their right regarding Data Practices. Please sign below to indicate that you have read this notice:

Signature \_\_\_\_\_

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

List all other food licenses or permits currently held by this operation at the time of application. If any of these licenses or permits have been suspended or revoked, provide an explanation.

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List ALL food and beverage items to be served: \_\_\_\_\_

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Where will food be obtained? \_\_\_\_\_

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How will food be prepared, chilled, and stored prior to the event? Mechanical refrigeration is required for potentially hazardous foods; ice filled coolers are not permitted for food storage. Home kitchens may not be used.

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What is the method of transporting food, including type of vehicle and types of electric or insulated food transport containers. \_\_\_\_\_

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List equipment to be used to maintain food above 140° F and below 41° F. Mechanical refrigeration is required for cold storage of potentially hazardous foods; coolers and ice are not permitted.

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Where will food be kept during the event? Food must be kept a minimum of 6 inches off the floor and protected from contamination. \_\_\_\_\_

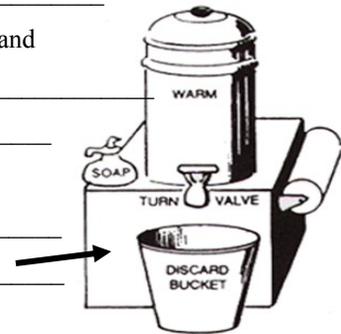
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Describe facilities for washing hands. Include soap, single-use towels, and a fingernail brush at the handwashing station/sink. \_\_\_\_\_

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**\*A handwash station/sink capable of providing warm, continuously running water, is required.**

Describe facility for washing utensils. All utensils must fit into the sinks or containers used for warewashing. (See example below.) \_\_\_\_\_

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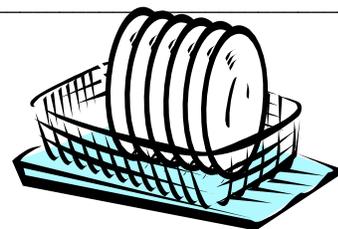
1. Wash



2. Rinse



3. Sanitize



4. Air Dry

**Utensil Washing:**

Provide three labeled buckets big enough to accommodate the largest utensil.

**Wash Bucket:** Dish soap and warm water

**Rinse Bucket:** Clean water

**Sanitizer Bucket:** Sanitizer and lukewarm water

**Air Dry**

Identify water source for the food stand or vehicle. \_\_\_\_\_

Describe method of waste water disposal. \_\_\_\_\_

Describe type of protective enclosure, if any (tent, trailer, etc). Approved flooring must be provided (concrete, asphalt, tight wood, or other cleanable material. \_\_\_\_\_

I hereby certify all the information given above is complete and accurate. I have read and understood the food handling regulations and will post the license on site.

**X** \_\_\_\_\_  
Applicant's Signature

**X** \_\_\_\_\_  
Date

**FOR CITY USE ONLY:**

**Other Forms required with this application:**

- \_\_\_\_\_ License Fee of \$120.00
- \_\_\_\_\_ Workers' Compensation Insurance Proof
- \_\_\_\_\_ Other \_\_\_\_\_

Approved by Health Department \_\_\_\_\_  
Approved City Clerk \_\_\_\_\_

**Food Safety Tips for Temporary Events**

- Provide a metal stem thermometer to measure cooking and cold holding temperatures. The thermometer should have a range from 0°F to 220°F. Also, provide thermometers in each cooling unit to ensure they are maintained at 41°F or below.
- Cook all potentially hazardous foods to an internal temperature of 165°F before serving. Any food held hot for service must be maintained at 140°F or higher.
- Wash hands before handling food; after handling raw meat; or after eating, drinking, smoking, or using the toilet. **No eating, drinking, or smoking in the food stand.**
- Protect any food on display from contamination by customers.
- Temporary food stands must cease operation in adverse weather unless the stand is equipped with a cover and three sides for protection.
- Call 952-826-0370 with any questions regarding temporary events in the City of Edina.

# Certificate of Compliance Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

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, and the 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.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)
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BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)
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WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

<input type="checkbox"/> I have attached a copy of the permit to self-insure.
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**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

<input type="checkbox"/> I have no employees.
<input type="checkbox"/> I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
<input type="checkbox"/> Other:

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.