

CITY OF EDINA
EDINA HEALTH DEPARTMENT
4801 WEST 50TH STREET
EDINA, MINNESOTA 55424-1394

**INSTRUCTIONS FOR NEW BOARD & LODGING, HOTEL, OR
SUPERVISED GROUP HOME LICENSE APPLICATION**

- Complete the application and Workers' Compensation Law forms enclosed. Sign all forms.
- Please read any attachments to see if it applies to your establishment.
- See the Fee Schedule attached and send the appropriate fee with the completed information required.

Any questions may be directed to Jane Timm (952) 826-0409.



CITY OF EDINA
4801 W. 50TH STREET
EDINA MN 55424

Application For
Boarding & Lodging, Hotel, or
Supervised Group Home

FOR OFFICE USE ONLY

Approved Health Dept _____

Date _____

Approved City Clerk _____

Date _____

Code #1490.4177

Complete the application, Workers' Compensation form, and submit them with the appropriate fees.

Please check the license that applies to your establishment:

- Boarding & Lodging Hotel Supervised Group Home

Name of Establishment _____ Number of Rooms _____

Establishment Address _____

Name of Applicant _____
(First) (Middle) (Last)

Home Address _____ Phone No. _____

Birthdate of Applicant (Month, day, and year) _____ Social Security # _____

Owner (s) (if corporation, list principal officers):

Name _____ Birthdate _____

Home Address _____ Phone No. _____

Name _____ Birthdate _____

Home Address _____ Phone No. _____

Minnesota Tax Identification No. _____ Federal Tax Identification No. _____

I have read and understand all laws and ordinances pertaining to the operation of the above listed establishment in the City of Edina. I understand that any payment submitted with this application will be promptly deposited by the City, but such deposit shall not constitute acceptance of the application by the City and the applicant must meet all requirements for the license prior to issuance.

Date _____ Applicant's Signature _____

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, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your 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. **Please sign below to indicate that you have read this notice:**

Signature X _____

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 _____



Edina Health Department Fee Schedule

4801 West 50th Street
Edina, MN 55424-1394
Phone: (952) 927-8861
Fax: (952) 826-0390

INSTRUCTIONS:

Use the schedule below for calculating license fee. Food and/or lodging establishments **must** include the \$150.00 base fee in calculating the fee. The total fee is obtained by adding the total from Schedule "A" and the total from Schedule "B". Use Schedule "B" only if it applies to the proposed business. Businesses opening after Oct. 1st will pay 50% of license fee for annual license. Licenses expire on March 31st annually.

Schedule A Check all that apply	Amount	Fee Calculation	Schedule B (if applicable) Other:	Amount	Fee Calculation
Base Fee (Schedule A only)	\$150.00	\$150.00	Indoor Swimming Pool		
Low Risk Food	110.00		Number Pools _____X	470.00	=
Medium Risk Food	380.00		Outdoor Swimming Pool		
High Risk Food	620.00		Number Pools _____X	340.00	=
Alcohol Service From Bar	130.00		Whirlpool No. Pools _____X	170.00	=
Beer or Wine Table Service	55.00		Food Vending Machines		
Food Vehicle	138.00		Number Machines _____X	15.00	=
Additional Facility____ X	155.00	=	Amusement Location	15.00	
Boarding & Lodging House	110.00		Amusement Devices		
Supervised Group Home	46.00		Number Machines _____X	15.00	=
Lodging: Hotel, Motel, or Lodging House.	110.00		Tobacco Sales	370.00	
			Pushcart	200.00	
Lodging Number Rooms _____ X	9.00	=			=
TOTAL A		\$	TOTAL B		\$

Submit this total with application: **Total A** _____ plus **Total B** _____ = **Total Fee \$** _____

Lodging Establishments: Are you registered for Chapter 144D, Housing with Services? _____

DEFINITIONS:

Low, Medium and High Risk: Food establishments as defined in Minnesota Statutes 157.

Alcohol Service From Bar: Food establishment where alcoholic mixed drinks are served or where beer or wine are served from a bar.

Beer or Wine Table Service: Food establishment which serves only beer or wine to customers seated at tables.

Additional Facility: Food service or operation which is separate, distinct or unique from the central or main food establishment, as determined by the Health Authority.

Supervised Group Home: Food establishment which includes sleeping accommodations for five (5) or more regular boarders and no more than ten (10) regular boarders for periods of one week or more and which provides supervision for the boarders and is registered for special services pursuant to Minnesota Statutes 144D.

Lodging: Hotel, Motel or Lodging house as defined in Minnesota Statutes 157.

Boarding and Lodging House: Establishment which includes boarding and lodging for five (5) or more regular boarders but no more than ten (10) regular boarders for periods of one week or more.