



**City of Maplewood**  
 Office of the City Clerk  
 1830 County Road B East | Maplewood, MN 55109  
 651-249-2005 | 651-249-2957 (fax)  
[www.MaplewoodMN.gov](http://www.MaplewoodMN.gov)

Approved By:  
 Building Official  
 City Manager  
 City Planner  
 Fire Marshal  
 Health Officer  
 Fee Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**FOOD ESTABLISHMENT**  
**MARCH 1 THROUGH FEBRUARY 28, ANNUALLY**

*Guidance relating to Food Establishments is contained in the Maplewood City Code, Chapter 14, Article VI (Food and Food Handlers). All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.*

**LICENSE APPLICATION CHECKLIST:**

To prevent delay, please ensure the following information is submitted.  
 Incomplete applications are not accepted and will be returned immediately.

- Food Establishment license application
- License Fee (see Fee Schedule for details)
- Copy of Certified Food Manager's Certificate, issued from the MN Department of Health
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder. If the address of the insured is different than the establishment to be licensed, please list the licensed establishment address in the *description of operations* area of the certificate. Minimum amounts of coverage should be as follows:
  - \$300,000 General Liability
  - \$100,000 Property Damage

**Applicant Information (individual who executes and signs this application)**

Name of Applicant \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Business Owner Information:**

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Owner is a:  Natural Person  Partnership  Corporation  Foreign Corporation

**Business Information (Maplewood Location, to be licensed):**

Name of Business \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Website \_\_\_\_\_ Dates of Operation \_\_\_\_\_ (Seasonal Establishments)

Do you own or lease the property on which you will be operating?  Own  Lease

Will Catering be offered from this location? Yes  No  If yes, indicate the # of food catering vehicles \_\_\_\_\_

Is food served at this location catered in by another company? Yes  No  If yes, provide the name of the company and submit a copy of the company's valid food license \_\_\_\_\_

Is this business a Government Subdivision or Charitable Institution? Yes  No   
 \*\* If yes, applicant is exempt from permit fee (includes City and County, & School Districts)

**Certified Food Manager (CFM) Information:**

Name of CFM \_\_\_\_\_

Certificate Number FM-\_\_\_\_\_ Expiration Date \_\_\_\_\_

Renewal notice should be mailed to: \_\_\_\_\_

Attn: \_\_\_\_\_

**Tax Identification Information:**  
 Please provide the following:  
 Federal Tax ID \_\_\_\_\_  
 MN State Tax ID \_\_\_\_\_ OR  
 SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

*MN §270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.*

**Workers' Compensation Coverage:**

**I carry Workers' Compensation Insurance**  
 Insurance Company Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I am Self-Insured (attach a copy of the permit to self-insure)**

**I am not required to have workers' compensation liability coverage**

*MN §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MN §176.181, Subd.2. Upon request, the information will be furnished to the Department of Labor and Industry.*

The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Food Establishment Fee Schedule</b>	
<input type="checkbox"/> <b>Food Establishment</b>  *This fee may be pro-rated; please contact Business Licensing Specialist (651-249-2005) for details	\$673*
<input type="checkbox"/> <b>Catering Food Vehicle</b>	\$129.00 First Vehicle \$89.00 Each Additional Vehicle \$347.00 Fleet of 6+ Vehicles
<input type="checkbox"/> <b>Seasonal Food License</b>	\$337.00 Operation of six 6 months or less
<input type="checkbox"/> <b>Special Food Handling</b>	\$103.00