



**CITY OF RICHFIELD**

**Application for  
Temporary Food**

Applicant Name

Company Name

Mailing Address for license

Phone

**EVENT**

**Name of Event(s)**

**Event Time:**

**Start:**

**End:**

**Date(s)**

(please specify)

**Food Service Time:**

**Start:**

**End:**

**Location and address**

**Number of people expected?**

**Food/Beverages served – Please fill in and sign**

Person in charge of food

Phone

Will the event be open to the public?

Yes

No

Is this a food truck?

Yes

No

**Food or Beverage served** (*Specify hot or cold*)

**Food Source**

**Storage during transportation and at event**

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**When and where will food be prepared?**

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**Food Arrival time** (if applicable)? \_\_\_\_\_

**Refrigeration** - *Potentially hazardous foods must be held and delivered at 41°F or less. What time was the food prepared? Food must be marked if time is used as a public health control.* \_\_\_\_\_

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**Cooking/hot holding equipment** – *Hot, potentially hazardous foods must be cooked to proper temperature and held at 140°F or above.*

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**Cooling/reheating foods** – *Potentially hazardous foods must be properly cooled and/or reheated.*

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**Equipment/supplies** – Describe *and, if applicable, check yes or no.*

What facilities will be provided for dish washing? \_\_\_\_\_

How will single service utensils be used? \_\_\_\_\_

Are caps/hairnets and aprons provided for all persons involved with food preparation and utensil washing?

Yes

No

How will you minimize direct hand contact with ready to eat foods? \_\_\_\_\_

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What hand washing facilities will be provided in the stand or in close proximity to the stand?

Running water    Hand washing sink    Container with spigot    Nail brush    Soap    Paper towels

What toilet facilities will be provided for food handlers? \_\_\_\_\_

Will sanitizer buckets be provided?  Yes  No

Will fire extinguishers (if using deep fryers, etc.) be provided?  Yes  No

Based on the information provided herein, I understand that a temporary food license is required for this event. I further understand that my application will be considered only for the food and beverages specified. The **Environmental Health Specialist** must be advised of any deviations or changes to the menu.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NOTE:** *If you are requesting that liquor also be served at this event, you will need to contact the State of Minnesota Department of Alcohol and Gambling to obtain the proper State application form and requirements. This application MUST accompany the City of Richfield's Temporary Food License application as well as the City of Richfield's Temporary Liquor license application.*

**PLEASE DO NOT WRITE BELOW THIS LINE**

**FOR OFFICE USE ONLY**

Please select license type:

( ) 1-3 Days Simple

( ) 1-3 Days Complex

**FOOD LICENSE FEE PAID FOR BY OPEN STREETS AT PENN FEST COMMITTEE**

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

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

I have no employees covered by law.

Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Form  
Sp:C1

**City of Richfield**  
**License Applicant Information**

Under Minnesota Law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- 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 licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): \_\_\_\_\_

Licensing (or renewal) date: \_\_\_\_\_

**Personal Information:**

Applicant's last name                      First name and initial                      Social Security number

Applicant's address                      City                      State                      Zip Code

**Business Information (if applicable):**

Business name \_\_\_\_\_

Business address                      City                      State                      Zip Code

Minnesota tax identification number                      Federal tax identification number

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature                      Title                      Date