

# APPLICATION FOR INITIAL COMMUNITY ENVIRONMENTAL HEALTH LICENSE



Saint Paul - Ramsey County Department of Public Health  
 Environmental Health Section  
 Community Environmental Health Program  
 1670 Beam Avenue, Suite A  
 Maplewood, MN 55109-1176

Telephone: 651-773- 4466  
 Fax: 651-773 -4454

**Please print or type all information. Keep copy of the completed form for your records and send the completed original to Ramsey County Environmental Health Section at the address listed above.**

**\*\*This form contains two (2) pages. Complete and sign certification on the back of this form\*\***

### Type Of License Application:

<p>___ Food Service (circle type below)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Bar</td> <td style="width: 25%;">Bed &amp; Breakfast</td> <td style="width: 25%;">Cafeteria</td> <td style="width: 25%;">Catering</td> </tr> <tr> <td>Commissary</td> <td>Continental Breakfast</td> <td>Concession Stand</td> <td>Day Care</td> </tr> <tr> <td>Deli</td> <td>Restaurant, fast food</td> <td>Restaurant, full menu</td> <td>Restaurant &amp; bar</td> </tr> <tr> <td>Seasonal</td> <td>School</td> <td>Snack Bar</td> <td>Vehicle</td> </tr> </table> <p>Other: _____</p>	Bar	Bed & Breakfast	Cafeteria	Catering	Commissary	Continental Breakfast	Concession Stand	Day Care	Deli	Restaurant, fast food	Restaurant, full menu	Restaurant & bar	Seasonal	School	Snack Bar	Vehicle	<p>___ Swimming Pool:                  Indoor - Outdoor (circle one)                  Swimming-Spa-Wading (circle one)</p> <p>___ Manufactured Home Park or                  Recreational Camping Area:                  No. of Sites _____</p> <p>___ Youth Camp</p> <p>___ Lodging Facility:                  No. of Rms.: _____</p>
Bar	Bed & Breakfast	Cafeteria	Catering														
Commissary	Continental Breakfast	Concession Stand	Day Care														
Deli	Restaurant, fast food	Restaurant, full menu	Restaurant & bar														
Seasonal	School	Snack Bar	Vehicle														

\_\_\_ Retail Food Service (circle type below)

Bakery	Convenience Store	Supermarket/Grocery Store	Meat Market	Packaged Food
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Vending Commissary (also attach separate form for machine registration)      Other: \_\_\_\_\_

Estimated Annual Gross Sales \$ \_\_\_\_\_

**Name of Certified Food Manager:** \_\_\_\_\_ Photocopy of MDH certificate **must** be attached.

**Reason For License Application (Check One):** \_\_\_ New Facility \_\_\_ Change of Ownership (facility previously licensed)

<p><b>Anticipated Date for Business Opening or Ownership Change:</b></p>	Fee Code _____ Fee \$ _____ Fee Code _____ Fee \$ _____	Fee Code _____ Fee \$ _____ Fee Code _____ Fee \$ _____
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### OWNER INFORMATION:

Business Type (circle one):    Corporation    LLC    Sole Proprietorship    Partnership    Institution    Other			
Name of Corporation or Proprietor			
Mailing Address			
City	State	Zip	Telephone Number (    )

# APPLICATION CONTINUED ON THE BACK OF THIS FORM

CEH Initial License Application.doc (Rev 2-11-03)

## **BUSINESS LOCATION INFORMATION:**

Name of Business ( <i>as it will appear on license; example – Acme Sandwich Shop</i> )		Store No. ( <i>if applicable</i> )	
Site Address of Business	City	State	Zip
Telephone Number at Business Location (       )			

## **BILLING INFORMATION:**

Annual license applications will be sent to the following address.

Name of Owner ( <i>as it will appear on license; example – Acme Restaurant, Inc.</i> )			
Attention:			
Mailing Address	City	State	Zip
Telephone Number (       )	Extension		

## **CERTIFICATION:**

**I certify under penalty of the law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am aware that all food equipment must meet the applicable standards of NSF International, and that plans and specifications must be submitted for review and approval prior to new construction, remodeling, or alteration. I hereby apply for a Ramsey County License subject to all conditions and provisions of the applicable State of Minnesota Rules and Ramsey County Ordinance(s).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (*Please print or type*)

\_\_\_\_\_  
Title

**CLERICAL:** Date Received: \_\_\_/\_\_\_/\_\_\_ Fee Paid \$ \_\_\_\_\_ Database Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

**SANITARIAN:** License Category: \_\_\_\_\_ Risk Category: H M L Certified Food Manager: Yes No Not Required Initials: \_\_\_\_\_