

APPLICATION FOR INITIAL COMMUNITY ENVIRONMENTAL HEALTH LICENSE



Saint Paul - Ramsey County Department of Public Health
 Environmental Health Section
 Community Environmental Health Program
 2785 White Bear Avenue North, Suite 350
 Maplewood, MN 55109-1320

Telephone: 651-266-1199
 Fax: 651-266-1177

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:

<input type="checkbox"/> Food Service (circle type below) 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 Other: _____	<input type="checkbox"/> Swimming Pool: Indoor - Outdoor (circle one) Swimming-Spa-Wading (circle one)	
	<input type="checkbox"/> Manufactured Home Park or Recreational Camping Area: No. of Sites _____	
	<input type="checkbox"/> Youth Camp	
	<input type="checkbox"/> Lodging Facility: No. of Rms.: _____	
<input type="checkbox"/> Retail Food Service (circle type below) Bakery Convenience Store Supermarket/Grocery Store Meat Market Packaged Food Vending Commissary (also attach separate form for machine registration) Other: _____ Estimated Annual Gross Sales \$ _____		
Name of Certified Food Manager: _____ Photocopy of MDH certificate <u>must</u> be attached.		
Reason For License Application (Check One): <input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership (facility previously licensed)		
Anticipated Date for Business Opening or Ownership Change:	Fee Code _____ Fee \$ _____ Fee Code _____ Fee \$ _____	Fee Code _____ Fee \$ _____ Fee Code _____ Fee \$ _____

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

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	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 (<i>Please print or type</i>)	_____ 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: _____