



Horizon Environmental Health
Serving Douglas & Pope Counties
809 Elm Street, Suite 1200
Alexandria MN 56308
horizonpublichealth.org

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Horizon Environmental Health Initial License Application – Page 1 of 6

PLEASE COMPLETE ALL SECTIONS

Establishment Information:

Establishment Name:	
Establishment Physical Address: (Street, City, Zip Code)	
Establishment Phone:	Establishment Email:
Establishment Hours:	
Manager/Contact Name:	Manager/Contact Phone:
Manager Email:	
Establishment Mailing Address: (Street, PO Box, City, State, Zip Code)	

Establishment Owner/Applicant Information:

Owner/Applicant Name:
If Corporation/Partnership, List Primary Officer Name:
DBA (Doing Business As) Name (if applicable):
Owner Mailing Address: (Street, PO Box, City, State, Zip Code)
Owner Phone:
Owner Email:

License Application Type:

<input type="checkbox"/> New Establishment	Proposed Opening Date:
<input type="checkbox"/> Ownership Change	Proposed Opening Date:
-If ownership change, list previous owner & license number (if known)	
In Operation: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal – if seasonal, months open:	

License Renewal Method – Choose how you want to receive your annual license renewal materials:

<input type="checkbox"/> Email – list email address: PLEASE PRINT CLEARLY
<input type="checkbox"/> US Mail – if US Mail, choose which address to use: <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <input type="checkbox"/> Establishment Mailing Address <input type="checkbox"/> Owner Mailing Address <input type="checkbox"/> Both </div>

Licenses are sent by US Mail. Where should we mail your license?

<input type="checkbox"/> Establishment Mailing Address	<input type="checkbox"/> Owner Mailing Address	<input type="checkbox"/> Both
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Establishment Emergency Contact Information – This would be who we would contact in the event of an emergency situation at the establishment involving the establishment, such as a natural disaster, fire, etc., if we cannot reach you. Please check the best method to reach this person.

Establishment Emergency Contact Person Name:		
<input type="checkbox"/> Telephone – please check best telephone contact & list number		
<input type="checkbox"/> Cell phone	<input type="checkbox"/> Home phone	<input type="checkbox"/> Work phone
<input type="checkbox"/> Email - PLEASE PRINT EMAIL ADDRESS CLEARLY:		

Operating licenses for all establishments shall be issued on the basis of a calendar year beginning January 1 and ending December 31. Licenses are non-transferable. Once you have applied for your initial license, you will receive an annual renewal notice; annual renewals must be received/paid by December 1 of each year. Per our Annual Establishment Licensing Policy all outstanding fees, including re-inspection fees, must be paid in full in order for your license to be renewed for the coming year.

The data you supply on this form will be used to process the license you are applying for. The data will constitute a public record if and when the license is granted, except for your Social Security number which is considered private data and will be treated as such as required by law.

Declaration

By my signature below I declare that the information provided on this application is correct and true. I understand and agree that this establishment must comply with the laws and rules of the State of Minnesota and Horizon Environmental Health, and any other regulations that apply to this establishment.	
Signature:	Date:

License Fees

<input type="checkbox"/> Base Fee – ALL ESTABLISHMENTS PAY THIS FEE	\$ 275.00
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PLUS - ALL CATEGORIES FOLLOWING THAT APPLY: (check all that apply and enter all applicable amounts in right column)

☐ **FOOD/BEVERAGE SERVICE**

Certified Food Protection Manager Name:	
State of MN	Certification
Certification Number: FM _____	Expiration Date:

<input type="checkbox"/> Limited Food Menu - \$90.00 - prepackaged food that receives heat treatment and is served in the package, continental breakfast, soft drinks, coffee, nonalcoholic beverages, dish washing.	\$
<input type="checkbox"/> Small Food Establishment - \$150.00 - food service with no salad bar, equipment not exceeding one deep fat fryer, one grill, two hot holding containers, microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast, or boarding establishments, does not provide catering, and has a total seating capacity of 50 or less.	\$
<input type="checkbox"/> Medium Food Establishment - \$410.00 - food service with seating over 50 and using a range, oven, steam table, salad bar, or salad preparation area, more than one deep fat fryer or grill, more than two hot holding containers.	\$
<input type="checkbox"/> Large Food Establishment-\$700.00 – food service that meets the medium establishment definition & seats more than 175 people, serves a full menu selection an average of five or more days per week.	\$
<input type="checkbox"/> Additional Food Service - \$170.00 - a food & beverage service establishment that is in addition to the primary food preparation and service area where food is prepared or served to the public.	\$
<input type="checkbox"/> Catering in Addition to Medium or Large Food Service - \$90.00 – medium or large food establishment that provides catering	\$
<input type="checkbox"/> Catering Only - \$230.00 – food service that prepares food in an inspected and licensed kitchen and serves it for events. Food may be either served on site, or transported to another location for serving.	\$
<input type="checkbox"/> Outdoor Grilling - \$57.00 – small, medium, or large food establishments who wish to cook pre-approved foods on-site on a regular basis using an outdoor grill and who comply with the Horizon Public Health regulations for outdoor grilling	\$
<input type="checkbox"/> Mobile Food Unit - \$90.00 – a food & beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location.	\$
<input type="checkbox"/> Food Cart - \$90.00 – a food & beverage service establishment that is a non-motorized vehicle self-propelled by the operator.	\$
<input type="checkbox"/> Seasonal Permanent Food Stand - \$90.00 – a food & beverage establishment which is a permanent food stand or building, but which operates no more than 21 days annually.	\$
<input type="checkbox"/> Seasonal Temporary Food Stand - \$90.00 – a food & beverage service establishment that is a food stand which is disassembled & moved from location to location, but which operates no more than 21 days annually at any one location.	\$
<input type="checkbox"/> Alcohol Service - \$215.00 - alcoholic mixed drinks are served, or beer or wine is served.	\$
FOOD/BEVERAGE TOTAL:	\$

License Fees Continued

☐ LODGING

Number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment or resort, or the number of beds in a dormitory _____ x \$12.50* *Maximum fee of \$1,250.00	Enter lodging total here: \$
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☐ PUBLIC SWIMMING POOL/SPA

Certified Trained Operator Name:	
Registration Number:	Certificate Expiration Date:

<input type="checkbox"/> Public Swimming Pool - \$275.00 x _____ (number of swimming pools) - any swimming pool other than a private residential swimming pool.	\$
<input type="checkbox"/> Spa Pool - \$170.00 x _____ (number of spa pools) - a public hot water pool intended for seated recreational use.	\$
PUBLIC SWIMMING POOL/SPA TOTAL	\$

☐ INDIVIDUAL (NOT MUNICIPAL) WATER/SEWER

<input type="checkbox"/> Private Water Supply (well) and/or <input type="checkbox"/> Private Sewer (septic system) - \$90.00 (one fee for one or both)– a private water supply other than a community public water supply; a private/individual sewage treatment system	\$
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☐ MANUFACTURED HOME PARK—any site, lot, field, or tract of land upon which two or more occupied manufactured homes are located, either free of charge or for compensation, and includes any building, structure, tent, vehicle, or enclosure used or intended for use as part of the equipment of the manufactured home park. (Choose Category A or Category B, not both)

<input type="checkbox"/> Category A - \$6.75 x _____ (number of sites) – any manufactured home park that meets one of the following conditions: a. Has a public swimming pool; b. draws its drinking water from a surface water supply; or c. has 50 or more sites	\$
<input type="checkbox"/> Category B - \$5.00 x _____ (number of sites) – any recreational camping area that is not a Category A.	\$
MANUFACTURED HOME PARK TOTAL	\$

☐ RECREATIONAL CAMPING AREA—any area, whether privately or publicly owned, used on a daily, nightly, weekly, or longer basis for the accommodation of five or more tents or recreational camping vehicles free of charge or for compensation. (Choose Category A or Category B, not both)

<input type="checkbox"/> Category A - \$6.75 x _____ (number of sites) – any recreational camping area that meets one of the following conditions: a. Has a public swimming pool; b. draws its drinking water from a surface water supply; or c. has 50 or more sites	\$
<input type="checkbox"/> Category B - \$5.00 x _____ (number of sites) —any recreational camping area that is not a Category A	\$
RECREATIONAL CAMPING AREA TOTAL	\$

License Fees Continued

☐ **YOUTH CAMP** - a parcel or parcels of land with permanent buildings, tents or other structures together with appurtenances thereon, established or maintained as living quarters where both food and beverage service and lodging or the facilities therefore are provided for ten or more people, operated continuously for a period of five days or more each year for education, recreational or vacation purposes, and the use of this camp is offered to minors free of charge or for payment of a fee.

<input type="checkbox"/> Youth Camp – no fee for youth camp	No fee
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☐ **LATE FEES** *Late fees not paid by end of County business day on December 31 shall be subject to interest accumulation at 1.5% per month*

<input type="checkbox"/> Late fee – 1 to 30 days late - \$100.00	\$
<input type="checkbox"/> Late fee – over 30 days late - \$300.00	\$

TOTAL AMOUNT DUE-insert all applicable totals

Base Fee	\$275.00
Food/Beverage Service Fee	
Lodging Fee	
Public Swimming Pool/Spa Fee	
Individual Water/Sewer Fee	
Manufactured Home Park Fee	
Recreational Camping Area Fee	
Late fee (if applicable)	
Total Amount due	

If paying by check, make checks payable to: HORIZON PUBLIC HEALTH

Notice: The issuance of a dishonored check to this department will require a service charge per MN Statute Section 604.113

**We also offer the option of paying online–
please use the following link or scan the QR code**
<https://horizonpublichealth.org/payments/licensing/>



► For new operators applying for license on or after October 1, the license fee is ½ the usual annual fee, plus any penalty required.

► REMINDER – Any major remodeling/new construction/addition/alteration of existing structure requires a Plan Review by this department. Please contact us AT LEAST ONE MONTH PRIOR to starting construction.

► Licenses are non-transferable! If you are selling/buying an establishment, a new license must be applied for by the new owners.

FOR OFFICE USE ONLY to be completed by Horizon Environmental Health Staff

Date Paid/ Received:		Check #:	Amount:	Received by:
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspector Initials:	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	License Number:	

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REQUIRED INFORMATION FOR THE MINNESOTA DEPARTMENT OF REVENUE

Every licensee/applicant is required to provide either a MN Tax Identification Number or a Social Security Number if you do not have a MN Tax Identification Number. Your Social Security number is considered private data and will be treated as such as required by law.

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

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 or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Horizon Environmental Health) will supply this information 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 the processing of your renewal application.

Business Name:	
Business Owner Name: LEGAL NAME ASSOCIATED WITH YOUR TAX ID NUMBERS AS IT APPEARS ON YOUR TAX RETURN DOCUMENTS:	
MN Tax Identification Number: _____	Owner's Social Security Number ____ - ____ - _____
Federal Employer Tax ID Number (FEIN): _____ - _____	

WORKER'S COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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: name of the insurance company, policy number, and dates of coverage; OR the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Worker's Compensation Insurance Company Name	Policy Number	Dates of Coverage From: To:
OR, I certify that I am not required to carry workers' compensation insurance because (check one): <input type="checkbox"/> I am the sole proprietor and have no employees. <input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure) <input type="checkbox"/> I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children – all other employees must be covered; see Minnesota Statute 176 for a complete list of excluded employees.)		

By my signature below I declare that the above information is true and correct. I agree to comply with the laws and rules of the State of Minnesota and Horizon Environmental Health. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

Applicant's Name, Printed	Applicant's Title
Applicant's Signature	Date