



Inspections Department

Enclosed is the 2012 Food and Beverage license application. **You are required to complete the enclosed application and return with payment before January 1, 2012. Any application and payment are subject to a late fee of either \$50 or 25%, whichever is greater.**

The council approved all fees at the October 3, 2011 meeting. Payment is due at the same time the application is submitted. The application must be postmarked no later than December 31, 2011. Any applications received after that date will be subject to the late fee. We have the capability of accepting cash, check (payable to the City of St. Louis Park) or credit card (Visa, MasterCard, Discover, and American Express).

Listed below are the 2012 license fees as approved:

Food H+ or Large Grocery Store (greater than 25,000 sq. ft.)	\$1,325
Food H+ Small Grocery Store only (up to 25,000 sq. ft.)	\$925
Food H	\$850
Food M	\$580
Food L	\$225
Food V (Vending)	\$15/ machine
Food E (multiple school sites)	\$2,800
Catering Vehicle Decal (per vehicle)	\$75

The City has received notice from the Minnesota Department of Labor and Industry that all business licenses must complete and submit a "Certificate of Compliance" form proving evidence of compliance with the workers' compensation insurance coverage requirement by MN Statutes Chapter 176. This **signed form is in addition** to any other required license insurance certificates and will be required with license renewals each year going forward. **Please complete and sign the enclosed form and return with your license application.**

If your Workers' Compensation policy is ever cancelled within the license period, you are required to notify the City by resubmitting this form. If you have any questions regarding the policy please contact the Minnesota Department of Labor and Industry at 651-284-5005.

Please contact the Inspections Department at 952-924-2588 with any questions you may have regarding the 2012 Food and Beverage License requirements or application.

The Inspections Department



2012 Food and Beverage License Application
ALL SECTIONS MUST BE FULLY COMPLETED

License Type*: License Fee Due:

Table with 2 columns: License Type and Fee. Includes categories like Food H+, Food H, Food M, Food L, Food V, Catering Vehicle Decal, and Food E (Multiple School Site)*.

* If license type is Food E please attach a list of school sites including name and address to the application

Business Information (St. Louis Park location):

Business Name Certified Food Manager

Address Street City State ZIP

Phone () FAX () Alternate ()

Federal Tax ID No. MN State Tax ID No.

Social Security No. (if Tax ID numbers are not available)

Corporate Information (if applicable):

Business Name Contact

Address Street City State ZIP

Phone () FAX () Alternate ()

Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential.

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code.

Applicant's Signature Date

Office Use Only section containing fields for Total Fee Paid, Lic #, WC, Form of Payment, Zoning Approval, Inspections Approval, and New Business.

-----OVER-----

IMPORTANT INFORMATION: (Please fill out)

If there is seating, how many seats _____ **Number of dining rooms** _____

Number of bars (all types) _____ **Number of kitchens** (all types) _____

Number of vending machines (If applying for Class V) _____

Catering Yes No

Delivery only Yes No

Off sight prep Yes No

(If yes please explain below)

Type of Food Service Provided:

Vending Machines

Please list below the type of vending machine and location
(Please provide exact location)

Location

Type

Please list below catering vehicle

Make/Model

Decal Number (office use only)

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 www.dli.mn.gov
 dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
 BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

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

I have no employees.

I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.
 This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.