



2012 Temporary Use License Application
Type of License

- Temporary Food Service (1-3 Consecutive Days)* \$100
- Temporary Food Service (3+ Consecutive Days)* \$150
- Seasonal Food Service (Concession based)* \$180
- Temporary Food (prepackaged only)* \$40
- Petting Zoo** \$60
- Circuses, Carnivals &/or Amusement Rides** \$260
- Temporary Outdoor Retail Sales* \$110

***Must be submitted a minimum of seven business days before the scheduled event. Temporary food license applicants must complete the back side of this application. Temporary outdoor retail sales, the applicant must submit written permission by the owner of the property to conduct the sales event.**

**** Must be submitted a minimum of 14 business days before the scheduled event. If the event is to occur on city owned property, the applicant must submit a comprehensive general liability insurance policy in an amount not less than \$1,000,000, including personal injury, death and property damage liability. This policy must be maintained for the duration of the license and activity.**

Applicant Information – (Print clearly)

Organization Name: _____ Contact Person: _____

Mailing Address: _____ Email Address: _____

Contact Phone #: _____ Alternate Phone #: _____ Fax #: _____

Location of the Event (Print clearly)

Name of Location: _____ Address: _____

Date(s) of the Event: _____ through _____

Time of Event: _____ a.m./p.m. through _____ a.m./p.m.

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. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the license may not be issued.

Applicant's Signature _____

Date _____

		Office Use Only		
		Total Fee Paid: _____	Lic # _____ WC <input type="checkbox"/>	
Form of Payment: Check # _____	Charge _____	Cash _____	Date Issued _____	Initials _____
Zoning Approval _____	Enviromental Health Approval _____	New Business <input type="checkbox"/>		

Temporary Food Service Information

Person In Charge of Food Preparation: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Fax Number: _____

List ALL food and beverage items to be served: _____

Describe when and where the food will be prepared: _____

Describe how food will be prepared, chilled & stored prior to and during event: _____

List equipment to be used to maintain food above 140 degrees F or below 41 degrees F: _____

State method of transporting food including type of vehicle and types of electric or insulated food transport containers: _____

Describe facilities provided for washing hands and for washing utensils: _____

State type of sanitizer to be used: _____

Identify source of water for food stand or vehicle and method of discharging waste water: _____

Describe type of protective enclosure: _____

City of St. Louis Park * Inspections Department * 5005 Minnetonka Blvd * St. Louis Park, MN 55416
Phone 952-924-2588 * Fax 952-924-2663 www.stlouispark.org

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.
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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.