



City of Minneapolis
Licenses and Consumer Services
 250 South 4th Street – Room 300
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www.minneapolismn.gov/business-licensing

| FOR OFFICE USE ONLY | |
|---------------------|----------|
| CHECK# | AMOUNT\$ |
| DATE: | |
| PERMIT ID# | |

Short-Term Food Permit Application

| | | | | | | | | | | | |
|--|--|-------------|------------------------|-----------------------------|--------------------------|---------------------|-------------------------|-----------------------|------------------------|-----------------|--|
| Vendor Name – Last, First, MI (Please Print) | | | | | Trade Name | | | | | | |
| Street Address of Vendor | | | | | City | | State | | Zip Code | | |
| Vendor E-mail Address | | | | | | | Vendor Telephone | | | | |
| Name of Event | | | | | Location of Event | | | | | | |
| Date of Event | | | | | Event Start Time | | | Event End Time | | | |
| Event Sponsor | | | | Event Contact Person | | | | Telephone | | | |
| 1. LOCATION(S) WHERE FOOD AND/OR BEVERAGES WILL BE PREPARED AND STORED (Onsite at Event or in a Licensed Commercial Kitchen) | | | | | | | | | | | |
| 1a. | Menu Overview: | | | | | | | | | | |
| 1b. | <input type="checkbox"/> Check - if all items are prepackaged and remain unopened when served to public; <input type="checkbox"/> Check - if refrigeration is not required for any items; If both boxes are checked, skip to Question 2. Licensed Commercial Kitchen Name Licensed Commercial Kitchen Address | | | | | | | | | | |
| | Licensed Commercial Kitchen Address | | | | | City | | State | | Zip Code | |
| 1c. | Check which preparation procedure each menu item requires at the KITCHEN FACILITY. <input type="checkbox"/> N/A | | | | | | | | | | |
| | FOOD | Thaw | Cut or Assemble | Cook or Bake | Cool | Cold Holding | Reheat | Hot Holding | Portion/Package | Storage | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 1d. | Check which preparation procedure each menu item requires at the EVENT/MARKET. <input type="checkbox"/> N/A | | | | | | | | | | |
| | FOOD | Thaw | Cut or Assemble | Cook or Bake | Cool | Cold Holding | Reheat | Hot Holding | Portion/Package | Storage | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| Note: Attach additional pages if necessary. | | | | | | | | | | | |

2. LIST OF FOOD AND/OR BEVERAGE SUPPLIERS (e.g., Grocery stores or distributors where foods and ingredients are purchased or premade.)

3. HOW FOOD AND/OR BEVERAGES WILL BE TRANSPORTED (Type of equipment and vehicle to be used to transport food items)

4. LIST ALL EQUIPMENT TO BE USED (Note: Domestic slow cookers are prohibited. Mechanical refrigeration is required for PHF held longer than 4 hours.)

VERIFICATION – READ AND INITIAL

Applications without initials and/or signatures will not be processed and will be returned to the applicant.

(initials) I understand my application must be submitted by the Event Food Sponsor and received at least 10 business days prior to the event. If my application is received less than two days prior to the event, it may not be approved or the menu may be restricted. Once my application is approved, NO changes may be made without approval by the Health Officer. Unauthorized changes may be subject to permit suspension.

(initials) I have read and understand the hand washing station requirements. (p. 6)

(initials) I have received the self-inspection form(s) and understand that I must complete a form prior to operating on the first day of event and kept on-site.

(initials) I have received and read the Minneapolis Guidelines for Dispensing Foods Under a Short-Term/Seasonal Permit. (p. 6)

(initials) I understand the following conditions will warrant immediate vendor closure:

- Lack of a current permit number approved by Environmental Health
- More than two stands for each permit;
- Lack of a hand washing station, unless all items are packaged or in bottles or cans
- Foods prepared at/or brought from home;
- Critical violations and/or imminent health hazards;
- Lack of equipment or capacity to hold potentially hazardous foods at required temperatures.

| | | |
|----------------------------|--|-------|
| PRINTED NAME OF APPLICANT: | SIGNATURE OF APPLICANT: (applicant agrees to comply with the Mpls Food Code) | DATE: |
| | | |

All vendors must complete the [Event Food Booth Self-Inspection Form](http://www.minneapolismn.gov/licensing/) prior to opening on the first day of an event. Copies are available on our website: <http://www.minneapolismn.gov/licensing/> or <http://www.minneapolismn.gov/health/inspections/food-short>.

| | |
|--|-------|
| ENVIRONMENTAL HEALTH SIGNATURE APPROVAL: | DATE: |
| ENVIRONMENTAL HEALTH COMMENTS: | |
| | |