



**CITY OF RICHFIELD**

**Application for  
Temporary Food**

*Please submit all applications 10 working days before the event*

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Applicant Name Company Name

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Mailing Address for license City State Zip Phone

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Email Address

**EVENT**

Name of Event(s) Event Time:  
Start: End:

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Date(s)  1-3 Days  4-21 Days Food Service Time:  
Start: End:  
(please specify)

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Event address Number of people expected?

**Food/Beverages served – Please fill in and sign**

Person in charge of food Phone

Will the event be open to the public?  Yes  No

Is this a food truck?  Yes  No

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**Food or Beverage served** (*Specify hot or cold*) Food Source Storage during transportation and at event

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**When and where will food be prepared?**

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**Food Arrival time** (if applicable)? \_\_\_\_\_

**Refrigeration** - *Potentially hazardous foods must be held and delivered at 41°F or less. What time was the food prepared? Food must be marked if time is used as a public health control.* \_\_\_\_\_

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**Cooking/hot holding equipment** – *Hot, potentially hazardous foods must be cooked to proper temperature and held at 140°F or above.*

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**Cooling/reheating foods** – *Potentially hazardous foods must be properly cooled and/or reheated.*

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**Equipment/supplies** – *Describe and, if applicable, check yes or no.*

What facilities will be provided for dish washing? \_\_\_\_\_

How will single service utensils be used? \_\_\_\_\_

Are caps/hairnets and aprons provided for all persons involved with food preparation and utensil washing?  
 Yes  No

How will you minimize direct hand contact with ready to eat foods? \_\_\_\_\_

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What hand washing facilities will be provided in the stand or in close proximity to the stand?



PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute 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 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: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

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

( ) I have no employees covered by law.

( ) Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Form  
Sp:C1

**City of Richfield  
License Applicant Information**

Under Minnesota Law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

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, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it 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 processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): \_\_\_\_\_

Licensing (or renewal) date: \_\_\_\_\_

**Personal Information:**

Applicant's last name	First name and initial	Social Security number
_____	_____	_____

Applicant's address	City	State	Zip Code
_____	_____	_____	_____

**Business Information (if applicable):**

Business name \_\_\_\_\_

Business address	City	State	Zip Code
_____	_____	_____	_____

Minnesota tax identification number \_\_\_\_\_

Federal tax identification number \_\_\_\_\_

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_