



Clay-Wilkin-Otter Tail Public Health  
[www.co.ottertail.mn.us](http://www.co.ottertail.mn.us)  
[claycountymn.gov/](http://claycountymn.gov/)

Clay County Environmental Health  
715 North 11<sup>th</sup> Street, Suite 303  
Moorhead, MN 56560  
218-299-7195 or 218-299-7216

### Special Event Food Services Application

Renewal

New

Change

**Notice to all applicants:** Minnesota Statutes, section 270C.72, subd. 4, requires you to supply your Minnesota business tax ID number and your social security number. Minnesota Statutes, Section 176.182 also requires information regarding workers' compensation insurance. All data submitted, except the social security number, is public data.

A "Special event food stand" means a food and beverage service establishment which is used in conjunction with celebrations and special events, and which operates for no more than ten total days within the applicable license period.  
**Event dates are required on this form before a license to operate can be issued. Attach additional pages as needed.**

### Applicant/Owner Information

Corporation Name: \_\_\_\_\_ Primary Officer: \_\_\_\_\_

Individual Operator: First Name \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Operator's Social Security #: \_\_\_\_\_ Phone#: \_\_\_\_\_

MN Business Tax ID#: \_\_\_\_\_

Operator's Email Address: \_\_\_\_\_

Designated Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

### Establishment Information

Establishment Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

### Workers Compensation Information

Insurance Company name: \_\_\_\_\_

Designated Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Coverage: \_\_\_\_\_ Through \_\_\_\_\_

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are not covered by the workers' compensation law.
- I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

### Fees

Special Event Fee.....\$50  
If Late Penalty Applies.....Add \$60 (See below)  
Total Fee Due If Including Late Penalty.....\$110

**Note:**

**\*Penalty fee due if application received less than 14 days prior to first event.**

**\*An NSF check to this department will require an additional service charge of \$30 per check as in Minnesota Statutes, Section 604.113, subd.2 (a). Additional civil penalties may be imposed for nonpayment.**

Complete page 2 of application



**Special Event Information (Attach additional pages as needed for events)**

Name of Event #1: \_\_\_\_\_  
Location: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Event #2: \_\_\_\_\_  
Location: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Event #3: \_\_\_\_\_  
Location: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

**Food Service Information**

Complete the following information. If the menu will vary from one event to another, or if a stand will be operated at different locations, please submit the following information for each event. Use separate sheet as necessary.

1. List all food and beverages that will be served at this stand and include their sources.
2. List all equipment used in this food service operation:
3. What facilities will be provided for hand-washing purposes?
4. Describe the facilities and procedures used for dishwashing.
5. What is the source of water for this stand? Are hoses or containers are used for transporting water?
6. How will liquid and solid wastes be disposed?

**I certify that the information provided on this application is accurate and complete:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to: Clay County Public Health**

**For Office Use Only:**  
Inspector Initials: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Clay/Wilkin/City of MHD/Otter Tail