



Clay-Wilkin-Otter Tail Public Health  
 www.co.ottertail.mn.us  
 claycountymn.gov/

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

## NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

### FOR MOBILE FOOD UNIT/SEASONAL PERMANENT FOOD STAND SEASONAL TEMPORY FOOD STAND/FOOD CART

**Submit to Clay County 30 days before construction begins**

UNIT/STAND INFORMATION			
Unit/Stand Name:			
Establishment Address:			
Location-City:	County:		
Business Phone:	Website:		
<b>License # or previously licensed as:</b>			
SUBMITTER INFORMATION			
Submitter Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Phone:	Cell Phone:		
Email:			
CONTRACTOR/ARCHITECT/ENGINEER INFORMATION (If different from submitter/owner.)			
Name and/or Company:			
Mailing Address:			
City:	State:	ZIP:	
Contact Phone:	Cell Phone:		
Email:			
OWNER INFORMATION (If different from submitter)			
Owner Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Phone:	Cell Phone:		
Email:			
Proposed date for start of construction:	Proposed date for start of operation:		

**FOOD SERVICE DEFINITIONS**

**Mobile Food Unit** – a food and beverage service which is a vehicle mounted unit, either motorized or tailored, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

**Seasonal Permanent Food Stand** – a food and beverage service which is a permanent stand or building, but which operates no more than 21 days annually.

**Seasonal Temporary Food Stand** – a food and beverage service stand which is dissembled and moved from location to location, but which operates no more than 21 days annually at any one location.

**Food Cart** – a food and beverage service which is a non-motorized vehicle self-propelled by the operator. Food carts licensed under this category must be certified to NSF Standard No. 59. A commissary is required for food storage, water supply, disposal and cleaning.

**Variance** – A variance from some parts of Minnesota Rule 4626 may be applied for.

**PLAN REVIEW FEE SCHEDULES**

**NEW CONSTRUCTION** (Check appropriate box)

- Mobile Food Unit \$350 \_\_\_\_\_
- Seasonal Permanent Food Stand \$250 \_\_\_\_\_
- Seasonal Temporary Food Stand \$250 \_\_\_\_\_
- Food Cart \$250 \_\_\_\_\_

**Total Plan Review Fee Submitted:** \_\_\_\_\_

**Note: Plan review fees cannot be refunded after review has started.**

**REMODEL OR ADDITION** (Check appropriate box)

- Mobile Food Unit \$350 \_\_\_\_\_
- Seasonal Permanent Food Stand \$250 \_\_\_\_\_
- Seasonal Temporary Food Stand \$250 \_\_\_\_\_
- Food Cart \$250 \_\_\_\_\_

**Total Plan Review Fee Submitted:** \_\_\_\_\_

**Note: Plan review fees cannot be refunded after review has started.**

<b>For Office Use Only:</b>
Inspector Initials: _____
Check #: _____
Plan #: _____
Clay/Wilkin/City of MHD/Otter Tail

**Please make checks payable to:**  
Clay County Public Health

Mail or deliver the payment and paperwork to Clay County using the appropriate address on page 5.

**DESCRIPTION OF REMODEL OR ADDITION PROJECT**

**FINISH SCHEDULE** (NOTE: This form and the equipment schedule form below MUST be completed in order to review your plan. Forms left blank will be returned and delay processing)

FINISH AREA	WALLS	CEILINGS	FLOOR/BASECOVE
(Example)	FRP/stainless steel behind cooking equipment	Aluminum	Aluminum

**Water Heater(s):** Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_

**Fresh Water Tank(s):** Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_

**Waste Water Tank(s):** Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_

\*Note: The location of the water heater, fresh water tank and waste water tank must be on the layout.

- FRP – Fiberglass Reinforced Panel
- QT – Quarry Tile
- CT – Ceramic Tile
- VCT – Vinyl Composition Tile
- SS – Stainless Steel

## EQUIPMENT SCHEDULE FORM

**New equipment:** Submit manufacturer specifications sheet for each piece of new equipment.  
(see example):



**Used equipment:** List used equipment below:

ITEM NUMBER (FROM PLAN)	QTY	EQUIPMENT	MANUFACTURER	MODEL
Example 1	1	Hand-Washing Sink	Krowne	HS-9

Additional equipment may be listed on a blank sheet of paper or on the layout page.

**Photographs of used equipment suggested.**

~ Used or existing equipment will be field approved by the Health Authority prior to installation ~

## DOCUMENTS REQUIRED FOR APPLYING

- All 5 pages of this application.
- Payment for all plan review fees\* made payable to: Clay County Public Health
- Easily readable layout to scale including;
  - location of equipment,
  - all sinks,
  - food prep and ware-washing equipment,
  - storage areas,
- Menu Items. Menus containing complex foods (foods in temperature danger zone more than once) are not accepted.
- Information on hot water heater, fresh water tank and waste water tank.
- Manufacturers' specification sheets for each piece of equipment.
- Floor, wall and ceiling material finishes or stand construction.
- Cabinetry material and countertop information.
- A statement about where the stand or unit will be operating.

\*The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you are required to complete a food license application. Submit the food license application and fee to Clay County Public Health to receive your establishment license to operate.

## PERSON LICENSE APPLICATION SHOULD BE SENT TO (check one)

- Submitter                       Contractor/Architect/Engineer                       Owner

## VARIANCE REQUEST

- You may apply for a variance (exception) from some parts of Minnesota Rule 4626. Variance request forms are available from the Clay County Public Health Office.

## ADDRESS FOR MAILING

Clay County Public Health  
715 North 11<sup>th</sup> Street, Suite 303  
Moorhead, MN 56560  
218-299-7195 or 218-299-7216  
Fax: 218-299-7205