



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

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

REMODEL OR ADDITION PLAN REVIEW APPLICATION FOR FOOD, BEVERAGE AND LODGING ESTABLISHMENTS

Submit to Clay County 30 days before construction begins

ESTABLISHMENT INFORMATION			
Establishment Name:			
Establishment Address:			
City:	State:	ZIP:	
County:	Business Phone:		
Service Connections (check all that apply):		Seating Capacity (check one):	
<input type="checkbox"/> Private Water	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> 50 or Less	<input type="checkbox"/> More than 175
<input type="checkbox"/> Private Sewer	<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> 50 - 175	
License # or previously licensed as:			
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 completion of construction:	

PUBLIC POOL OR SPA ONLY

• Is there a swimming pool or spa pool operated for public use on the premises? YES NO

FOOD, BEVERAGE AND LODGING ESTABLISHMENT DEFINITIONS (Minnesota Statute 157.16)

Limited Food Menu - prepackaged food that receives heat treatment and is served in the package: continental breakfast, soft drinks, coffee, nonalcoholic beverages, and ware-washing.

Small Establishment - food service with no salad bar, equipment not exceeding: one deep fat fryer; one grill; two hot holding containers; microwaves, or service of dipped ice cream/soft serve frozen desserts, or breakfast service in a bed and breakfast operation, or boarding establishments. Establishments which do not provide catering service and which meet Medium Establishment equipment criteria but have a total seating capacity of 50 or less are Small Establishments.

Medium Establishment - food service using a range, oven, steam table, salad bar, or salad prep area, more than one deep fat fryer or grill, more than two hot holding containers, or does catering.

Large Establishment - food service meeting the full menu definition and seating of more than 175 people, serves a full menu selection an average of five or more days per week or caters 500 or more meals per day.

Additional Food Service - a location at a food establishment, other than the primary food preparation and service area, used to prepare or serve food to the public.

Alcohol Service From Bar - alcoholic mixed drinks are served or where beer or wine is served from a bar.

Private Water - a private water supply other than a community public water supply.

Private Sewer - a private sewage treatment system, which uses subsurface treatment and disposal

Lodging Per Unit - the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

Youth Camp - a parcel or parcels of land with permanent buildings, tents or other structures together with appurtenances thereon, established or maintained as living quarters where both food and beverage service and lodging or the facilities therefore are provided for ten or more people, operated continuously for a period of five days or more each year for educational, recreational or vacation purposes, and the use of the camp is offered to minors free of charge or for payment of a fee.

PLAN REVIEW FEE SCHEDULE FOR REMODEL OR ADDITION

Food and/or Beverage Service :

(Food Service/Restaurant, Daycare, School, Catering, Alcohol/Beverage Service)

- Limited Food Menu \$250 _____
- Small Establishment \$300 _____
- Medium Establishment \$350 _____
- Large Establishment \$400 _____
- Additional Food Service: # _____ X \$155 = _____



Please check appropriate box **for small establishment**

- Food
- Bed and Breakfast
- Boarding

Alcohol Beverage Service:

- Alcohol Service From Bar: # _____ X \$250 = _____

Lodging Facilities: (Hotel, Motel, Board & Lodge, Youth Camp)

- Lodging: less than 25 rooms \$250 _____
- Lodging: 25 to 99 rooms \$300 _____
- Lodging: 100 or more rooms \$450 _____

Resorts:

- Cabins: less than 5 \$250 _____
- Cabins: 5 to 9 \$350 _____
- Cabins: 10 or more \$400 _____

Total Plan Review Fee Submitted: \$ _____

For Office Use Only:

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

Empty box for project description.

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)

ROOM NUMBER	FINISH AREA	WALLS	CEILINGS	FLOOR/BASECOVE
Example 1	Kitchen	FRP/stainless steel behind cooking equipment	Smooth vinyl tiles	Quarry tile/quarry tile cove base
Mop sink areas must have compliant finishes. Enter mop sink information below.				
	Mop Sink Area			

What will the wall finish be behind the cooking equipment?

- Insulated Stainless Steel Panels
- Ceramic Tile

Floor and base finish inside of the walk in refrigeration/freezer if installing:

Walk in cooler(s) Floor _____ Base _____

Walk in freezer(s) Floor _____ Base _____

Walk in keg cooler(s) Floor _____ Base _____

Commercial water heater model and size (gal.): Model _____ Size _____

(Location of water heater must be on the layout.)

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,
 - hand sinks,
 - ware-washing equipment,
 - storage areas,
 - wait stations,
 - bars,
 - janitor areas.
- Finish schedule
- Intended menu
- Manufacturers' specification sheets for each piece of new equipment.
- Set of elevations and drawings for all custom fabricated equipment.
- Cabinetry and countertop information.
- Sleeping room dimensions for lodging establishments.

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

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

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Fax: 218-299-7205