



Health and Human Services

Brad Vold

Director

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Little Falls, Minnesota 56345

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Morrison County will provide cost effective, high quality services to county residents in a friendly and respectful manner.

To: Special Event Food Operator(s) License:

Minnesota law requires any organization wishing to serve food or beverages to the public to apply for a license and to comply with health and safety requirements. **A Special Event Food license allows an organization to operate at a “special event” (i.e. county fair, benefit dinner, fundraiser, etc.) for no more than 10 total days per calendar year.** Businesses or organizations wishing to hold a one-day event can apply for a Single Day Event License (same application, different fee schedule)

Complete the enclosed application and **return to Morrison County Health and Human Services no later than 14 days prior to event.** A separate application must be submitted for each event your organization wishes to host. A **\$42 license fee** is required whether the event is for profit or non-profit. A **\$22 late fee** will be assessed if the application is not received 14 days prior to the event. Licenses will be issued for approved applications. License requirements are outlined in the Special Event Food Stand fact sheet from the Minnesota Department of Health. The license must be posted in a conspicuous location during the event.

Please be aware of the following food safety requirements:

1. Always wash hands before and after handling food. **Sanitizing gels are not a substitute for proper handwashing.**
2. Foods must be cooked to the following temperatures:
 - a. 165°F for poultry and stuffing containing meat
 - b. 155°F for pork, injected meats, and ground meats
 - c. 145°F for all other food products
 - d. Use an accurate metal-stemmed thermometer to check temperatures.
3. Prevent bare hand contact with ready-to-eat food (foods that will not receive further washing or cooking, i.e., cut and washed fruits/vegetables, pizza, sandwiches, hot dog buns) by wearing disposable gloves or using utensils, deli tissue, spatulas, tongs or other dispensing equipment. **Single-service gloves are not a substitute for proper handwashing.**
4. Hair restraints must be used (i.e., hair nets, baseball caps, bandanas, etc.).
5. A thermometer must be provided in coolers and refrigerator units to ensure foods are kept at 41°F or below.
6. Drained ice may be used as a cooling medium for canned or bottled beverages only.
7. All foods must be prepared on site or in an approved kitchen. Absolutely no home-prepared foods are allowed.
8. Slow cookers and crock pots are not permitted.

We make periodic inspections of food stands/units to ensure compliance with the Minnesota Food Code. If you have any questions or concerns please call (320) 632-6664 or email phenvhealth@co.morrison.mn.us.

Sincerely,

Michelle Warnberg
Registered Sanitarian

Carmen Genske
Registered Sanitarian

Morrison County Health and Human Services

213 1st Avenue SE, Little Falls MN 56345

866-401-1111 or (320) 632-6664, www.co.morrison.mn.us

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APPLICATION FOR A SPECIAL EVENT FOOD LICENSE

A SPECIAL EVENT FOOD LICENSE IS A FOOD AND BEVERAGE SERVICE WHICH IS USED IN CONJUNCTION WITH CELEBRATIONS AND SPECIAL EVENTS, AND WHICH OPERATES FOR NO MORE THAN TEN (10) DAYS ANNUALLY. MN STATUES 2014, SECTION 157.15, SUBDIVISON 14.

A ONE DAY SPECIAL EVENT FOOD LICENSE IS A FOOD AND BEVERAGE SERVICE WHICH IS USED IN CONJUNCTION WITH CUSTOMER APPRECIATION OR ONE DAY SPECIAL EVENTS

APPLICANT INFORMATION:

Name: _____ Title: _____
(Individual, business, or group operating stand)

Mailing address: _____
(Street/PO Box, City, State Zip)

Telephone: H: _____ W: _____

E-mail address: _____

EVENT INFORMATION:

For each additional event, complete the supplement page and submit with this application.

Name of event: _____

Event location: _____
(Street address, City)

Location where food is prepared: _____
(On site, or name and address of permanent facility with an approved kitchen)

Person in charge of food preparation: _____

Date(s) of event: _____

Time(s) of stand operation: Begin: _____ End: _____
(Duration of time food stand will be staffed)

Time(s) of food service: Begin: _____ End: _____
(Duration of time food will be served to the public)

Complete the following information. Select one option from each category:

1. **HANDWASHING FACILITIES:**

Handwashing facilities are **required** within the food service site. Select one of the following methods:

- Permanent handwashing sink
- Temporary handwashing station*
- Portable handwashing station (per enclosed guidelines) *

2. **DISHWASHING FACILITIES:**

Dishwashing facilities are **required** within the food service site. Select one of the following methods:

- Permanent three-compartment sink
- Temporary dishwashing station (per enclosed guidelines) *

***If permanent handwashing and dishwashing facilities are not provided within the food service site, the menu shall be restricted to the following items:**

- i. beverages served in their original container, or bulk beverages served from a dispenser;
- ii. pre-packaged non-potentially hazardous foods;
- iii. pre-packaged potentially hazardous foods** cooked or prepared to order, or pre-cut/pre-washed foods that have been obtained from a licensed food establishment.

****Potentially hazardous foods (PHFs) include:**

- i. raw or heat-treated foods from an animal origin (i.e. eggs, milk, meat, poultry);
- ii. heat-treated foods from a plant origin (i.e. cooked rice, cooked potatoes, cooked noodles);
- iii. raw seed sprouts;
- iv. cut melons (watermelon, cantaloupe, honeydew);
- v. garlic and oil mixtures.

3. **WATER SOURCE:**

- Municipal (city water)
- Private well

4. **LIQUID/SOLID WASTE DISPOSAL:**

- Municipal
- Private septic system
- Self-contained, mobile unit

5. **MENU:**

THE REGULATORY AUTHORITY MAY RESTRICT THE TYPE OF FOOD SERVED OR THE METHOD OF FOOD PREPARATION BASED ON EQUIPMENT LIMITATIONS, THE UNAVAILABILITY OF A PERMANENT ESTABLISHMENT FOR UTENSIL AND WAREWASHING, ADVERSE CLIMATIC CONDITIONS, OR ANY OTHER CONDITION THAT POSES A HAZARD TO PUBLIC HEALTH. (MN RULES 4626.1855, SUBPART R).

List all menu items that will be served, the approved source where menu items will be purchased from (grocery store, deli, commercial distributor, etc.), the food storage method used to keep cold foods at or below 41°F (mechanical refrigeration* or freezer, dry ice, cooler, etc.), all food preparation equipment (gas grill, oven range, etc.), and all food holding equipment used to keep hot foods at or above 140°F.

<u>Menu item</u>	<u>Source</u>	<u>Storage*</u>	<u>Preparation equipment</u>	<u>Holding equipment</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*Mechanical refrigeration is required for storing potentially hazardous foods held for four (4) hours or longer.

THIS APPLICATION IS APPROVED ONLY FOR OPERATION AS SPECIFIED ABOVE. ADDITIONAL APPROVAL IS REQUIRED FOR ANY CHANGES.

LICENSE CATEGORY AND FEE SCHEDULE:

APPLICATIONS MUST BE RECEIVED BY THIS OFFICE NO LATER THAN 14 DAYS PRIOR TO THE EVENT. A LATE FEE WILL BE ADDED TO ALL APPLICATIONS NOT RECEIVED 14 DAYS PRIOR TO THE EVENT, AS WELL AS TO LICENSES ISSUED ON SITE.

Select each applicable fee:

 \$42 Special Event Food License Fee

+\$ (\$22 Late Fee if application not received 14 days prior to the event)

 \$ Total

 \$22 Single Day Event: (one day event)

+\$ (\$8 Late Fee if application not received 14 days prior to the event)

 \$ Total

NOTICE: THE ISSUANCE OF A DISHONORED CHECK TO THIS DEPARTMENT WILL REQUIRE A SERVICE CHARGE OF \$30 PER CHECK. (MN STATUTE 604.113).

I have received and read the Morrison County Health and Human Services Special Event Food Stand guidelines. I do hereby certify that I will comply with all requirements, and that the information provided on this application is accurate and complete.

Applicant's signature: _____ Date: _____

Applicant's printed name: _____

FOR INTERNAL OFFICE USE ONLY:

\$ _____ **TOTAL AMOUNT PAID** _____ **CHECK # / CASH** _____ **DATE PAID**

Received by: _____

Reviewed by: _____

Approved? _____ Yes _____ No

Additional comments: _____

