

LE SUEUR / WASECA BOARD OF HEALTH
88 South Park Avenue
Le Center, MN 56057
Telephone (507) 357-8522 Fax (507) 357-4223

FOR OFFICE USE ONLY
Check #: _____
Receipt #: _____
License #: _____
_____ of 3 Events

APPLICATION FOR 2010
\$50 SPECIAL EVENT FOODSTAND LICENSE

NOTE: License valid for 3 events or 10 days, which ever comes first
Application must be filled out for each individual event

~Please be explicit and write legibly~
Failure to complete all requested information may result in Licensure Delays

Name of Event: _____

Location: (City, park, etc.) _____

Dates & Times: _____

Name of Organization/Business: _____

Person in charge of food operation: _____

Address: _____

Telephone number (daytime): _____

SS# or MN Business ID: *required* _____

~Please check appropriate line below~

_____ Fee of \$50.00 enclosed (if this is your 1st of 3 events)

**Make checks payable to: Le Sueur County Community Health*

_____ MDH / MDA Mobile Food Unit License Holder (attach copy)

LATE FEE will be assessed if establishment is open prior to approval!

Other events in Le Sueur / Waseca County: _____

Circle all applicable: *indicates Required

Indicate how food will be served:

Paper plates, disposable baskets, napkins, waxed paper, single use cups, single use flat ware, other: _____

Indicate measures for dust, wind, rain, and pest control:

Screened windows, awnings, mobile vehicle, permanent food stand, open air stand (Do not operate in inclement weather)

*What facilities will be provided for washing hands: (must be located in foodstand)

Temporary gravity fed water container, permanent sink, soap, paper towels

Additional hand protection measures:

Food service gloves, tongs, spatulas, alcohol based hand sanitizer

*What measures will be provided for cleaning utensils:

Permanent three-compartment sink, temporary three-step wash, disposable utensils, chlorine sanitizer, quat. sanitizer, other : _____

Identify source of water for food stand or vehicle:

City water, other approved source (list): _____

Means of disposal of wastewater: _____

Availability and type of fire extinguisher: _____

Means of securing pressurized cylinders (carbon dioxide, dry ice, liquid propane): _____

How and where will solid waste be stored and disposed of? _____

SIGNATURE _____ **DATE** _____

(Individual providing information)

List on table provided: (use additional sheets of paper as necessary)

- 1) ALL Food and Beverage Items on your Menu
- 2) Where they are purchased
- 3) Where they are prepared (in booth or at licensed food service facility)
- 4) Serving temperature and related handling temperatures: (previously cooked/chilled products reheated to at least 165°F, foods held hot at 140°F or more, foods held cold at less than 41°F)
- 5) Equipment used (mechanical refrigerator, fryer, blender, soup warmer, mechanical freezer, etc.)

