

Kandiyohi-Renville Community Health Board 2200 23rd Street NE Suite 1080, Willmar, MN 56201 www.kcmn.us • www.renvillecountymn.com Kandiyohi County: 320.231.7800 Renville County: 320.523.2570 publichealth@kcmn.us • rcph@renvillecountymn.com

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MOBILE FOOD UNIT APPLICATION 2024

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Your certified Food protection Manager Certificate must be submitted along with this application I certify that the information provided on this application is accurate and complete.

Applicant Signature	Date	

Definitions:

Food Cart – A food and beverage service establishment that is a non-motorized unit, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent licensed business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

Mobile Food Unit – A food and beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location. The unit can operate no more than 21 days annually at any one place unless it is operated at the site of and in conjunction with a permanent business licensed under Minnesota Statutes Chapter 157 or Chapter 28A.

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

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

FEE SCHEDULE

MAKE CHECKS PAYABLE TO: KANDIYOHI-RENVILLE COMMUNITY HEALTH BOARD

Check [\checkmark] the appropriate boxes:

Generation Food Cart	\$270
□ Mobile Food Unit	\$270
Seasonal Permanent Food Stand	\$270
Temporary Food Stand	\$270

Submit this total with application:

Total Fee §_____

Please attach additional information as needed

1. List all food and beverages which will be served at this establishment. Please indicate food sources and place of preparation.

2. List all equipment used in this food service operation.

3. Describe facilities provided for hand washing purposes.

4. Describe facilities and procedures for dishwashing.