



STEARNS COUNTY
LICENSE APPLICATION
FOOD, POOL, LODGING ESTABLISHMENTS
Stearns County Environmental Services Department
Stearns County Service Center - 3301 County Rd 138
Waite Park, 56387
320-656-3613 - 800-450-0852

Government data practices act- Tennessee warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Business Identification

Establishment Name (DBA): _____

New Business Ownership Change & Date of Change: _____ Year-Round or Seasonal

If Ownership Change, previous business name: _____

Physical Location:

Address: _____ Unit or Suite #: _____ City: _____ State: _____

Zip: _____ County: _____ Township: _____ Parcel No: _____

Mailing address is same a physical address.

Business Mailing Address: (If different then the physical location address)

Business Mailing/Dept.: _____ Persons Name: _____

Address: _____ Unit or Suite #: _____ City: _____ State: _____ Zip: _____

Owner Contact Information:

Owner First, Last Name: _____ Owner Phone: _____

Business Name Registered with Dept. of Revenue: _____

MN Tax ID (REQUIRED): _____ - _____ FEIN (Tax ID): _____ - _____

Establishment Phone: _____ Email: _____

Water & Wastewater Systems

- Onsite sewage treatment system Municipal sewage system
 Onsite water well Municipal water supply

Additional Contacts: (emergency contact, supervisor, chef, caretaker, CFPM, CPO, etc.)

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Applying for the following License Type(s): Food Lodging Pool

OPERATING WITHOUT A LICENSE IS PROHIBITED AND MAY RESULT IN A FEE OF \$100.00 AND CLOSURE

Fee Exempt: Establishments owned or operated by Stearns County, a school district or other local unit of government.

Declaration

I declare that this information is correct. I agree to comply with the laws and rules of the State of Minnesota and Stearns County. I understand that failure to comply with the laws and rules may result in delays in issuing my license to operate.

Applicant Signature: _____ **Date:** _____

Please Print Name: _____

Completed applications, including all supporting materials, are to be submitted with payment to Stearns County Environmental Health Division, Administrative Center, 705 Courthouse Square Room 343, St. Cloud, MN 56303. Payment can also be made by submitting completed documents by email to foodbeverage@co.stearns.mn.us and calling our office with credit card information.

FOR OFFICE USE ONLY

Receipt #: _____ Amount Rec.: _____ Rec. Date: _____ Establishment #: _____

CFPM: Y NA Food Safety Training: Y NA Safe Harbor Training: Y NA CPO: Y NA

Insp Route: 1 2 3 EH Approval: _____ Risk: H M L License Sent: _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Every Licensee or Applicant is required to provide a “Social Security” or “Individual Taxpayer Identification” Number. It is considered private data and will be treated as such as required by law.

Date: _____

Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip: _____

Applicant Name: _____

Applicant ID #: _____ Social Security or Individual Tax ID

The Minnesota Data Practices Act at Minn. Stat. 13.04, Subd. 2, Tennessen warning, states: “An individual asked to supply private or confidential data concerning the individual shall be informed of: (a) the purpose and intended use of the requested data within the collecting government entity; (b) whether the individual may refuse or is legally required to supply the requested data; (c) any known consequence arising from supplying or refusing to supply private or confidential data; and (d) the identity of other persons or entities authorized by state or federal law to receive the data.”

Minnesota Statute 270.C.72, Subd. 4, stated that licensing authorities must require applicants to provide their Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. That information, as well as the name, address, business name and address of applicants, is made available to the Minnesota Commissioner of Revenue.

YOUR APPLICATION IS INCOMPLETE IF YOU FAIL TO SUPPLY THIS INFORMATION.

This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer’s withholding or motor vehicle excise taxes. The Minnesota Department of Revenue, in accordance with the Federal Exchange of Information Act, may supply the information to the Internal Revenue Service.