

**Morrison County Health & Human Services**

213 1<sup>st</sup> Avenue SE, Little Falls MN 56345

Phone: (320)632-7800 Fax: (320)632-0372 [www.co.morrison.mn.us](http://www.co.morrison.mn.us)

**For Office Use:**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Received by \_\_\_\_\_

## Environmental Health License Application

Food, Pool, Lodging, Youth Camps, Manufactured Home Parks or Recreational Campgrounds

Establishment Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Advertised Name (dba): \_\_\_\_\_  
(if different from Establishment Name)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from Physical address)

Email Address: \_\_\_\_\_

### **Owner Information**

Individual's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### **OR**

Partnership/Corporation Name: \_\_\_\_\_

Is this a Partnership or Corporation? (choose one): \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

**Operation:** \_\_\_\_ Year-round (over 6 months) **OR** \_\_\_\_ Seasonal (6 months or less)

If *Seasonal* list months of operation: \_\_\_\_\_

Hours of Operation \_\_\_\_ am/pm to \_\_\_\_ am/pm

Opening Date: \_\_\_\_\_

**Water Supply Source:** \_\_\_\_ Municipal \_\_\_\_ Private

If private, indicate well type: \_\_\_\_ Drilled \_\_\_\_ Driven

**Sewage System:** \_\_\_\_ Municipal \_\_\_\_ Private

If private, indicate year installed: \_\_\_\_\_

## Workers Compensation Insurance

*Minnesota Statutes Chapter 176.182 requires that you supply information concerning your workers' compensation insurance. If you employ anyone, complete items 1-4. If you do not have any paid or otherwise compensated employees, complete item 1 only. Sign and date where indicated.*

1. Applicant Name: \_\_\_\_\_
  2. Name of Workers Compensation Insurance Company: \_\_\_\_\_
  3. Insurance Company's Mailing address: \_\_\_\_\_
  4. Workers Compensation Policy #: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*\*\*\* NOTICE \*\*\*\*\***

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority, upon request of the commissioner, is required to provide to the Minnesota Department of Revenue your Minnesota business tax identification number and the Social Security Number of each license applicant.

Under the Minnesota Government Data Practice Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance of your license in the event you owe Minnesota sales, employers' withholding or motor vehicle excise taxes
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service
3. *Failure to supply this information may jeopardize or delay processing of your license issuance*

Applicant Last Name, First Name, & Middle Initial: \_\_\_\_\_

Applicant's Full Address: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Position: \_\_\_\_\_  
(Officer, Partner, etc.)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal ID Number (EIN): \_\_\_\_\_ MN Tax ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The services listed on the next page are those currently licensed by the Morrison County Health and Human Services Department for a new establishment. Service fee amounts indicated are at the 2023 rates. Addition of services requires submission of a plan review and prior approval. Contact the department for proper procedures to add services and/or changes to existing services. Print or type in all applicable blanks. **A late fee will be applied if application is not received 20 days prior to establishment's opening date or change of ownership.** Return all forms with total license fee calculated below. *Make checks payable to Morrison County Health & Human Services (MCHHS).*

Multiple categories may be necessary

Morrison County Environmental Health Fee Schedule	Notes	2025 Fee	Fees Due
<b>Environmental Health Licensing</b>			
Base Fee - Food/Beverage, Lodging, Pool/Spa, Sexually Oriented Business		\$185.00	185.00
<b>Food/Beverage Services</b>			
Limited Food Menu		\$65.00	
Small Establishment		\$115.00	
Medium Establishment		\$325.00	
Large Establishment		\$525.00	
School (1st inspection)		\$280.00	
School (2 <sup>nd</sup> Inspection)		\$280.00	
School with Concession Stand(s)		\$30.00	
Additional Kitchen Facility		\$170.00	
Catering		\$335.00	
Bed & Breakfast		\$300.00	
Mobile Food Unit		\$125.00	
Seasonal Permanent/Temporary Food Stand		\$125.00	
<b>Alcohol - Only choose one</b>			
Alcohol Service from Bar		\$160.00	
Beer or Wine Table Service		\$65.00	
<b>Lodging</b>			
Hotel/Motel - Per Unit (Max Fee \$750)	Number of units X \$12.00	\$12.00	
VRBO/short term rental	Unit = capacity divided by 2	\$12.00 per unit	
Mobile Home Park/Rec. Campground - Per Site (Max Fee \$750)	Number of units X \$7.00	\$7.00	
Youth Camp, 200 or less capacity		\$635.00	
Youth Camp, 201- 400 capacity		\$915.00	
Youth Camp, 401 or more capacity		\$1,160.00	
<b>Pool/Spa</b>			
Pool/Spa - Per Unit		\$175.00	
<b>Water – Licensed Facilities Only</b>			
First Well		\$69.00	
Additional Well(s)	Number of wells X \$37.00	\$37.00	
<b>Sexually Oriented Business</b>			
Investigative Fee		\$2,275.00	
Background Check Fee	Per Applicant	\$570.00	
Live On-Site		\$1,140.00	
Media Off-Site		\$205.00	
Media On-Site		\$570.00	
Late Payment Penalty		\$140.00	
Pro-Rated Fee: Jan – Mar = 100%, Apr – Jun = 75%, Jul – Sep = 50%, Oct – Dec = 25%			
		Total Due =	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Sanitarian Use

Reviewed By: \_\_\_\_\_

R/Estate Tax ID # \_\_\_\_\_