

14949 62nd Street North, Stillwater, MN 55082 T: 651-430-6655 | F: 651-430-6730 www.co.washington.mn.us/publichealth

# **2022 Special Event Food Service License Application**

A special Event food service establishment which is used in conjunction with celebrations and special events, and which operates no more than ten days each calendar year.

ΔPP	LICA	NT INFORM	ATIOI	V						
	Food	Stand Name:								
	Own	er Name:								
	Own	er Email:								
	Maili	ng Address (ci								
	Person in Charge at Event:									
				Alt. Phone:						
EVE	NTS	PARTICIPAT	ING II	N 2022	(please list o	all events for 202	22)			
	Nar	ne of Event			Location of	event	Date(s) op	erating	Time	s) Operating
<b>*</b> 1.										
6.										
		4 st o								
	Is th	is your 1 <sup>st</sup> Spec	cial Eve	ent Foo	d Service Li	cense Applica	ation in 202	2 YES		NO
LICE	NSE	CATEGORY	& FEE	SCHE	DULE					
		*Food Establish	ment	Day Or	e of 2022 (o	ne-time fee)	\$89.00	\$		
		Food Establishment		# of ad	# of additional days 2022		\$30.00	\$		
		Non-profit		Must p	resent proof	of status	\$0.00	\$		
		Beverage Only		No on-	site prepara	tion	\$50.00	\$		
		Late Fee	Less tha	an 14 but n	nore than 2 days	s before the event	\$10.00	\$		
		Late Fee 2 calendar days or		less before the	event	\$30.00	\$			
							TOTAL	Ś		

**Fees are non-refundable and non-transferable.** Washington County accepts, cash, checks and credit cards (Visa, MasterCard & Discover). Online payment is available at: www.washington county.mn.us



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HANDWASHING	Handwashing facilities are rec	quired. Choose one of	the following methods:	
-	evice supplied with running wat paper towels.	er, a faucet,	Continuous Flow Spigot Container Soap Paper Towels	
Sink availa paper tov	able in stand with running wate wels.			
How will you mir	nimize direct hand contact with	ready-to-eat foods?	Discard Bucket	
WATER SUPPLY &	WASTE WATER			
grade hose that is ap water inlet must be p cannot be made. Wa Disposal by throwing  What is the source o	prove for drinking purposes. The protected from contamination a	ne hose must be flushed and designed so a non anto a sanitary sewer s an the ground or storm	ystem or approved septic system. n sewer is NOT permitted.	
OOD / BEVERAGE	S SERVED			
	nenu. Identify source, for exam Attach additional sheet if more s	•		
Menu item:		Source:		
	n, such as washing or cutting of d or approved facility such as a	•		
When and where	will the food be prepared?			
How will the food	d be transported?			



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# **FOOD & BEVERAGES SERVED CONTINUED**

cold Holding Equipment: (List and Describe) a delivered at 41°F or less. Mechanical refrigeration is resice/blue ice may be used for events shorter than 4 hour	quired for events longer than 4 hours. Dry
COOKING EQUIPMENT: (List and Describe) Potenti minimum internal temperature of: Fish 145°F, Beef/Pol be available to verify temperatures.	•
HOT HOLDING EQUIPMENT: (List and Describe) Hoto proper temperature and held at 135°F or above. Croholding. A thermometer must be available to verify ten	ck pots are prohibited for cooking and/or hot

## WAREWASHING

Only single service, disposable eating and drinking utensils may be used unless approved permanent dishwashing facilities are available. Provide three basins for utensil washing. The procedure for manual utensil washing is:

# WASH in warm soapy water RINSE In clear water SANITIZE at least one minute in sanitizing solution AIR DRY towel drying in prohibited

Choose one of the following warewashing methods

\_\_\_\_\_Three (3) Bucket System \_\_\_\_\_Three (3) Compartment Sink located **IN-STAND** 



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GENE	RAL MATERIALS					
	HAIR RESTRAINTS: List and Describe					
	SANITIZER BUCKETS: List and Describe  TOILET FACILITIES: List and Describe  FLOOR and CEILING: List and Describe					
APPL	ICANT SIGNATURE					
Based on the information provided herein, I understand that a temporary food license is required for this event. I further understand that my application will be considered only for the food and beverages specified. The <b>DEPARTMENT</b> must be advised of any deviations or changes to the menu.						
Appli	cant Signature:	Date:	-			
This a		LOW THIS LINE — FOR OFFICE USE ONLY as specified above. Additional approval is required for any deviation	ıs.			
Envir	onmental Health Specialist	 Date	_			