



# MOBILE FOOD UNIT/SEASONAL PERMANENT FOOD STAND SEASONAL TEMPORARY FOOD STAND/FOOD CART

NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION

## Unit/Stand information

Unit/Stand name \_\_\_\_\_

Unit/Stand address \_\_\_\_\_

Street

City

State

ZIP

County \_\_\_\_\_ Business Phone \_\_\_\_\_

### Mark all that apply

Private water       Municipal water      If private water, unique well # \_\_\_\_\_

Private sewer       Municipal sewer

Proposed date for start of operation \_\_\_\_\_

## Submitter information

Submitter/co. \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

Street

City

State

ZIP

Contact phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

## Owner information (if different from submitter)

Owner/co. \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

Street

City

State

ZIP

Contact phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

## Building/company information (if different from submitter/owner)

Company name \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

Street

City

State

ZIP

Contact phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

### Transient food service definitions

**Mobile food Unit** - a food and beverage service which is a vehicle mounted unit, either motorized or trailered, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

**Seasonal permanent food stand** - a food and beverage service which is a permanent stand or building, but which operates no more than 21 days annually.

**Seasonal temporary food stand** - a food and beverage service stand which is dissembled and moved from location to location, but which operates no more than 21 days annually at any one location.

**Food cart** - a food and beverage service which is a non-motorized vehicle self-propelled by the operator. A commissary is required for food storage, water supply, disposal and cleaning.

### Plan review fee schedule

The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you will receive a food license application from the Sanitarian noted in your approval report.

#### New construction

- Mobile food unit \$700 \$ \_\_\_\_\_
- Seasonal permanent food stand \$500 \$ \_\_\_\_\_
- Seasonal temporary food stand \$500 \$ \_\_\_\_\_
- Food cart \$500 \$ \_\_\_\_\_

#### Remodel

- Mobile food unit \$400 \$ \_\_\_\_\_
- Seasonal permanent food stand \$400 \$ \_\_\_\_\_
- Seasonal temporary food stand \$400 \$ \_\_\_\_\_
- Food cart \$400 \$ \_\_\_\_\_

**Plan review applications submitted less than 30 days prior to construction are subject to an additional late fee equal to 50 percent of the original plan review fee.**

**Late fee (if applicable)** \$ \_\_\_\_\_

**Total plan review fee submitted** \$ \_\_\_\_\_

Statement describing where the stand/unit will be operating

**This must be completed in order to review your plan**

### Finish material schedule

Attach additional sheets if needed

FRP - Fiberglass reinforced panel      QT - Quarry tile      CT - Ceramic tile  
 VCT - Vinyl composition tile      SS - Stainless steel      AL - Aluminum

**Finish material schedule**

Finish area	Walls	Ceilings	Floor/basecove
Example: MFU	FRP	AL	AL

Water heater      Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_  
 Fresh water tank      Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_  
 Waste water tank      Manufacturer \_\_\_\_\_ Size (gal) \_\_\_\_\_

(Location of water heater, fresh water tank and waste water tank must be on the layout)

### Equipment schedule

Attach additional sheets if needed

**New equipment\*** - Submit **manufacturer specifications sheet** for each piece of new equipment.  
**Used equipment** - List used equipment below. Photographs of used equipment suggested.

**Equipment schedule**

Item number (from plan)	Qty	Note if *new or used	Equipment	Manufacturer	Model
Example " 1"	1	used	Hand-washing sink	Company name	xx-x

Used or existing equipment will be field approved prior to installation by MDH.

## Documents required for applying

- All 4 pages of this application
- Payment for all plan review fees made payable to **Minnesota Department of Health**
- Intended menu. Menus containing complex foods (temperature danger zone more than once) are not accepted.
- Easily readable layout to scale including:
  - location of equipment
  - location of sinks (handwashing, utensil washing, and if necessary food preparation)
- Information on hot water heater, fresh water tank and waste water tank
- Manufacturer specifications sheet for each piece of new equipment
- Floor, wall and ceiling material finishes or stand construction
- Cabinetry material and countertop finish information

### For help filling out this application contact your District Office

Bemidji	218-308-2100	Metro	651-201-4500
Duluth	218-302-6166	Rochester	507-206-2700
Fergus Falls	218-332-5150	St. Cloud	320-223-7300
Mankato	507-344-2700		

## Submit application/fee to

### Make checks payable to Minnesota Department of Health

**Notice:** The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

Minnesota Department of Health  
Food, Pools, and Lodging Services Section  
PO Box 64975 - Plan Review  
St. Paul, Minnesota 55164-0495

health.foodlodging@state.mn.us  
651-201-4500  
www.health.state.mn.us

07/01/2025

*To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.*