



# Remodel or Addition Plan Review Application

FOR FOOD, BEVERAGE, AND LODGING ESTABLISHMENTS

## Establishment information

Establishment name \_\_\_\_\_

Establishment 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      License number or previously licensed as \_\_\_\_\_

Proposed date for start of construction \_\_\_\_\_ Proposed date for completion of construction \_\_\_\_\_

## 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 \_\_\_\_\_

## Contractor/Architect/Engineer information (if different from submitter/owner)

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

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

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

Street

City

State

ZIP

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

## Public pool or spa only

Is there a swimming pool or spa pool operated for public use on the premises?     Yes     No

## Food, beverage and lodging establishment definitions

**Category 1** establishment provides one or more of the following:

Pre-packaged food that is served in the package; continental breakfast such as rolls, coffee, juice, milk and cold cereal; serves beverages; cleans eating, drinking or cooking utensils or is a child care facility licensed under MN Statutes, 245A.03; a food establishment where the method of food preparation is low-risk as defined by MN Statutes, 157.20 subd. 2(c).

**Category 2** establishment is not a category 1 establishment and is either a food establishment where the method of food preparation is medium risk as defined by MN Statutes, 157.20 subd. 2 (b); an elementary school or secondary school as defined in MN Statutes, 120A.05.

**Category 3** establishment is not a category 1 or 2 establishment and is either a food establishment where the method of food preparation is high risk as defined by MN Statutes, 157.20 subd. 2 (a); an establishment where 500 or more meals are prepared each day and served at one or more locations.

**Additional food service** - a location at a food establishment, other than the primary food preparation and service area, used to prepare or serve beverages from a bar or prepare food to the public.

**HACCP** - an annual fee category for a business that performs one or more specialized process that requires an HACCP plan as required in chapter 31 and MN Rules, chapter 4626.

**Individual water** - a private water supply other than a community public water supply.

**Individual sewer** - a private sewage treatment system, which uses subsurface treatment and disposal.

**Lodging per unit** - the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

## 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.

### Food and beverage service (food service/restaurant, daycare, school, catering)

Category 1 establishment	\$300	\$ _____
Category 2 establishment	\$350	\$ _____
Category 3 establishment	\$400	\$ _____
Additional food service	No. X \$250	\$ _____
Additional food service (bar)	No. X \$250	\$ _____
HACCP plan review	\$500	\$ _____

### Lodging facilities (hotel, motel, board & lodge, youth camp)

Lodging: < 25 rooms	\$250	\$ _____
Lodging: 25 to 99 rooms	\$300	\$ _____
Lodging: 100 or > rooms	\$450	\$ _____

### Youth Camp only - No fee

#### Resorts

Cabins: < 5	\$250	\$ _____
Cabins: 5 to 9	\$350	\$ _____
Cabins: 10 or >	\$400	\$ _____

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

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





## Documents required for applying

- All 5 pages of this application
- Payment for all plan review fees made payable to **Minnesota Department of Health**
- Easily readable layout to scale including:
  - location of equipment
  - hand sinks
  - ware-washing equipment
  - storage areas
  - wait stations
  - bars
  - janitor areas
- Finish and equipment schedule
- Intended menu
- Manufacturer specifications sheet for each piece of new equipment
- Set of elevations and drawings for all custom fabricated equipment
- Cabinetry and counter top information
- Sleeping room dimensions for lodging establishments

## Variance Request

You may apply for a variance (exception) from some parts of Minnesota Rule 4626.

**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

09/28/2021

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