

2020 Plan Review & Licensing Requirements

Food, Beverage & Lodging Establishments

Based on Hennepin County Ordinances No. 1, 3, 5, and 6 the following requirements and guidelines have been established for the construction, remodeling, conversion and operation of food, beverage and lodging establishments.

An annual license is required for the operation of food, beverage and lodging establishments in Hennepin County. A plan review or an onsite consultation is required to obtain the annual license to operate your business. This license will only be issued after the following steps have been completed: submission of a completed plan application (including \$100.00 minimum deposit) to the address provided on the application, the plan is approved in writing by a plan reviewer, payment of both the plan fee(s) and the license fee have been received and a final inspection has been passed.

Plan Review Documentation Requirements

Submit a complete plan to Hennepin County Epidemiology and Environmental Health. A complete plan includes the following:

- Completed plan review application
- Application fee
- Menu
- Floor plan / facility layout drawn to scale
- Plan elevations
- Finish schedule (construction materials of work areas i.e. floors, walls ceiling, and base cove)
- Mechanical specifications
- Plumbing specifications
- Equipment schedules
- Equipment specification sheets for all equipment must be numbered according to plan equipment list and detailed on floor plan
- Cabinetry and countertop information
- Sleeping room dimensions for lodging establishments

The review process will not begin until all required documents as well as an initial **deposit of \$100.00** are received.

Call our office (612) 543-5200 and consult with a member of our front desk staff to verify completeness of your application. The Health Authority must approve plans before a city issues any construction permits for a food, beverage, lodging or children's camp establishment.

***Plan reviewers have 30 calendar days from receipt of the complete plan review application to respond with an approval or denial letter.**

Plan Review Fees

- For the review process to begin, a minimum \$100.00 deposit must accompany the application. The remainder of the plan fee will be invoiced upon completion of the review process.
- Plan review fees vary greatly depending on several factors and will be determined by the plan reviewer. Key factors in determining plan review fee(s) include the risk level of the establishment and the amount of work to be done.
 - The fee for new establishments and for those remodeling more than 50% of an establishment is 1.5 times the cost of the current year's license fee.
 - The fee for establishments remodeling less than 50% of an establishment is equal to the current year's license fee.
 - For in-office and onsite consultation fees, refer to the license fee schedule.

License Fees and Requirements

- License fees and separate from the plan review fees. All fees must be paid prior to a final inspection.
- Worker's Comp/Tax Form must be submitted prior to a final inspection. No license will be issued without this form.

Final Inspection Requirements

- The establishment must be constructed and finished to conform to the approved plans. Any deviations from the original/approved plan MUST be approved by the plan reviewer. The Health Authority will inspect the establishment during construction as frequently as deemed necessary.
- The Health Authority must be a final inspection prior to the start of operations and before a license(s) can be issued. Should the Health Authority arrive for the final inspection and the establishment is not ready, there will be a \$116.00 re-inspection fee.
- The final plan review fee(s) and the license fee must both be paid in full before a final inspection with the Health Authority can be scheduled.
- Approved plans are valid for one year from the approval date.

Variance Request

If you are proposing to implement an operation, procedure, and/or equipment that does not comply with MN State Rules and Hennepin County Ordinances, you may request a variance from the regulations. The variance request includes the following (minimum):

- Complete a Variance Request Application (available at our Hopkins office or from our website: www.hennepin.us/planreview).
- State regulation from which you are requesting a variance.
- Reason/need for variance from the regulation (financial reasons will not be accepted).
- Provide documentation supporting the variance will not negatively impact food safety, public health, or employee safety. (This must also show that no other accepted operation, practice, technique and/or equipment can be substituted or is available)

Consultations

If you wish to speak with a plan reviewer without submitting a complete plan you may request either an onsite or an in-office consult (see fee schedule for associated fees). Consult fees will be applied toward any resulting plan fees.

Medium Food – Small Menu			Type	New or over 50% remodel	Less than 50% remodel
Packaged					
• Large grocery store					
Open Food			Primary	\$816	\$544
• Bakery/bake off (full, limited decorating, all non-potentially hazardous)	• Catering vehicle • Kitchen (10 or fewer meals) • Meat market • Pizza	• Produce dept. (cutting fruit/veggies) • School w/ catered food, minimal prep on-site	Additional	\$405	\$270
• Bar					
Medium Food – Limited Menu			Type	New or over 50% remodel	Less than 50% remodel
Packaged					
• Small grocery store					
Open Food			Primary	\$540	\$360
• Bakery/bake off (no prep, no decorating, all non-potentially hazardous)	• Cafeteria, no prep • Childcare w/ catered food • Continental breakfast w/ waffle batter	• Other less than complete commercial kitchen • Test kitchen • Re-heating packaged food for hot holding	Additional	\$270	\$180
• Catered food, no prep					
Low Food			Type	New or over 50% remodel	Less than 50% remodel
Packaged					
• Convenience store	• Pharmacy	• Warehouse			
Open Food			Primary	\$287	\$191
• Bakery (sales only)	• Farmers market stand (no samples)	• Produce dept. (no cutting/prep)	Additional	\$144	\$96
• Bulk food, not hazardous	• Limited food	• Snack stand (hot dogs only)			
• Coffee, fountain beverages only	• Rental kitchen				
Low – Limited Food			Type	New or over 50% remodel	Less than 50% remodel
• Chips, pretzels	• Half-day child care w/ snacks & milk only	• Portable bar	Primary	\$134	\$89
• Packaged snacks, not primary business		• No prep or ware-washing	Additional	\$66	\$44

Plan Review Application – Food, Beverage & Lodging

VALID 2/1/2020 – 1/31/2021

Return To:
Hennepin County Public Health Department
Epidemiology and Environmental Health
1011 First Street South, Suite 215 Hopkins, MN 55343

Establishment Information			
Establishment Name:		Phone:	
Address:	City:	State: MN	Zip Code:
Business Owner Information			
Owner Name:		Phone:	
Address*:	City:	State:	Zip Code:
Contact Name:		Owner Email:	
Plan Review Type			
<input type="checkbox"/> Onsite Consult (\$155.00) <input type="checkbox"/> In Office Consult (\$62.00) <input type="checkbox"/> New (\$100.00) <input type="checkbox"/> Remodel (\$100.00)			
Responsible Agent for Plan Review (if other than the owner)			
<input type="checkbox"/> Operator <input type="checkbox"/> Contractor <input type="checkbox"/> Designer <input type="checkbox"/> Supplier <input type="checkbox"/> Agent <input type="checkbox"/> Other: _____			
Company Name:		Phone:	
Address:	City:	State:	Zip Code:
Contact Name:		Contact Email:	
<i>*A minimum \$100.00 deposit must accompany the completed application (checks payable to: Hennepin County Treasurer)</i>			
Deposit Amount: \$ _____ Send remaining plan fees to: <input type="checkbox"/> Business Owner <input type="checkbox"/> Responsible Agent			
Contractor Information (if not named above)			
Company Name:		Phone:	
Contact Name:		Email:	
Type(s) of Service (check all that apply)			
<input type="checkbox"/> Sit Down <input type="checkbox"/> Take Out <input type="checkbox"/> Delivery <input type="checkbox"/> Catering <input type="checkbox"/> Liquor <input type="checkbox"/> Beer/wine <input type="checkbox"/> Other _____			
Proposed Hours of Operation		Other Information	
Mon:	Fri:	Total Square Footage: _____	
Tues:	Sat:	Number of Seats: _____ # of Meals/day: _____	
Wed:	Sun:	Number of Units (Lodging): _____	
Thurs:		Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Spa: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**All Correspondence Will Be Sent To This Address*



Scope of Work

**Briefly describe project - including type of changes, providing new finishes, remodeling server stations, adding walk-in cooler, etc.*

Finish Material Schedule (attach separate document if more space is needed)

Finish Area / Room Identifier	Walls	Ceiling	Floor / Basecove
<i>Ex. Kitchen</i>	<i>FRP</i>	<i>Smooth vinyl tiles</i>	<i>Quarry tile / quarry tile basecove</i>

What will the wall finish be behind the cooking equipment?

Insulated stainless steel panel Ceramic tile Other (specify): _____

Floor and base finish in walk-in cooler/freezer (if installing)

Walk-in Cooler Floor: _____ Base: _____
 Walk-in Freezer Floor: _____ Base: _____
 Walk-in Keg Cooler Floor: _____ Base: _____

Commercial water heater model & size Size: _____ gallons Model: _____

**Location of water heater must be on the layout*

Anticipated Start Date: _____ Anticipated Completion Date: _____

****Starting construction without approval from the Health Authority will result in DOUBLE plan review fees.***

Applicant/Contact Information

Signature: _____ Date: _____

Please PRINT the following information:

Name: _____ Phone #: _____

Email: _____

Submission Checklist

Plan _____ Cut Sheets _____ Menu _____ Fees _____ Application (signed/dated) _____

