

HENNEPIN COUNTY

PUBLIC HEALTH

2026 Plan Review & Licensing Requirements

Mobile and seasonal food operations

Mobile food unit

"Mobile food unit" means a food and beverage service establishment that is a vehicle mounted unit, either:

- (1) motorized or trailered, operating no more than 21 days annually at any one place, or operating more than 21 days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; or
- (2) operated in conjunction with a permanent business licensed under chapter 157 or chapter 28A at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.
– Minnesota Statutes, section 157.15, subdivision 9

Seasonal temporary food stand

"Seasonal temporary food stand" means a food and beverage service establishment that is a food stand which is disassembled and moved from location to location, but which operates for no more than 21 days annually at any one location, except as provided in paragraph (b).

- (b) A seasonal temporary food stand may operate for more than 21 days annually at any one place with the approval of the regulatory authority, as defined in Minnesota Rules, part 4626.0020, subpart 70, that has jurisdiction over the seasonal temporary food stand.
– Minnesota Statutes, section 157.15, subdivision 13

Seasonal permanent food stand

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

– Minnesota Statutes, section 157.15, subdivision 12a.

Food cart

"Food cart" means a food and beverage service establishment that is a nonmotorized vehicle self-propelled by the operator.

– Minnesota Statutes, section 157.15, subdivision 6.

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 and beverage operations as defined in MN Rule 4626.0020 Subpart 35.



Hennepin County Public Health

Epidemiology and Environmental Health

479 Prairie Center Dr, Eden Prairie, MN 55344

612-543-5200 | Epi-envhlth@hennepin.us

Consultation applications

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 if the operator decides to move forward with the full plan review process for licensing.

Consultation applications will require the following:

- o Contact information
- o Menu
- o Scope of work
- o Location desired for consultation if offsite (must be within Hennepin County and not at a private residence)
- o Consultation fee payment

Plan review applications – Seasonal food stands

Submit plan review application with payment and:

- o Contact information
- o Menu *see template in application for required information
- o Scope of work
- o Layout of setup (photos or drawn to scale with scale indicated)
- o Equipment specifications
- o Handwashing capabilities
- o Warewashing capabilities
- o Water source
- o Water tank fill and dump locations if applicable
- o Certified Food Protection Manager certificate for the person in charge

Plan review applications – Mobile food units

Submit plan review application with payment and:

- o Contact information
- o Menu *see template in application for required information
- o Floor plan/layout including all equipment drawn to scale with scale provided
- o Equipment specification sheets numbered according to plan equipment list and detailed on floor plan
- o Finish schedule (construction materials of work areas i.e. floors, walls ceiling, and base cove)
- o Cabinetry and countertop information
- o Mechanical specifications
- o Plumbing specifications
- o Water tank fill and dump locations
- o Lighting plan-light location, intensity and shielding/shatter-resistance
- o Commissary/support facility information and use agreement
- o Certified Food Protection Manager certificate for the person in charge

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



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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.

License Fees and Requirements

- License fees are 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

- Operations 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 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.
- The Health Authority will conduct 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 \$133.00 re-inspection fee.
- Approved plans are valid for one year from the approval date.

2026 Plan Review Fees

License categories are determined by the type of food, amount of food handling, risk level of the food, and the size of the operation.

Seasonal food stands		Mobile food truck, trailer, cart	
Initial application fee	\$175	Initial application fee	\$100
Primary license		Primary license	
-New or over 50%	\$612	-New or over 50%	\$918
-Less than 50%	\$405	-Less than 50%	\$612
Additional license		Additional license	
-New or over 50%	\$305	-New or over 50%	\$458
-Less than 50%	\$202	-Less than 50%	\$305
Special Fees			
Opening without license – Opening facility without health official approval		50% of license fee	
Re-submission of plan – Major changes or new designer/architect after initial review		25% plan review fee	
Late plan fee – Starting construction without an approved plan		Double plan review fee	
Re-inspection fee		\$133	



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Plan Review Application – Mobile Food Units & Seasonal Stands

Return To:

**Hennepin County Public Health Department
Epidemiology and Environmental Health
479 Prairie Center Dr. Eden Prairie, MN 55344**

Business/Owner Information				
Owner Name:		Truck/Stand Name:		
Address*:		City:	State:	Zip Code:
Contact Name:		Phone:		
Owner Email:				
Plan Review Type & Deposit Amount				
<input type="checkbox"/> On Site Consult \$175.00		<input type="checkbox"/> In Office Consult \$74.00		<input type="checkbox"/> Mobile food unit \$100.00
<input type="checkbox"/> Seasonal food stand \$175.00				
<i>A minimum \$100.00 deposit must accompany completed plan application (checks payable to: Hennepin County Treasurer)</i>				
Deposit Amount: \$		Remaining plan fees will be sent to the owner		
Contractor Information (if applicable)				
Company Name:		Phone:		
Contact Name:		Email:		
Type(s) of Service				
<input type="checkbox"/> Food Truck/Trailer		<input type="checkbox"/> Food Cart		<input type="checkbox"/> Temporary Food Stand (knock-down)
<input type="checkbox"/> Permanent Food Stand				
Proposed Hours of Operation		Operational Information		
Mon:	Fri:	Water tank size (gallons)		
Tues:	Sat:	Freshwater:		Greywater:
Wed:	Sun:	Support kitchen location:		
Thurs:				
Anticipated daily meal volume:		Certified Food Protection Manager (CFPM):		
Scope of Work				
<i>Briefly describe intended operations or remodel plan</i>				

**Must be a valid mailing address. All correspondence will be sent to this address*



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Scope of Work continued

Finish Material Schedule (Mobile Food Unit, Seasonal Permanent)			
Walls	Ceiling	Floor / Base cove	Cabinets and Counters
FRP	<i>Smooth vinyl tiles</i>	<i>Quarry tile / quarry tile base cove</i>	

What will the wall finish be behind the cooking equipment?

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

Menu

See attached template for full details of required menu information: menu items, their ingredients, the source of each ingredient, how the ingredients will be stored and if they are raw or precooked if proteins.

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: _____



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Information required for menu review: Menu items, their ingredients, the source of each ingredient, how the ingredients will be stored and if they are raw or precooked if proteins.

