

HENNEPIN COUNTY

PUBLIC HEALTH

2026 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 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 complete plan application, the applicant will be notified in writing by a plan reviewer when the plan is approved, payment of both the plan fee(s) and the license fee have been received and a final inspection has been passed. A plan reviewer will inform the applicant of any other requirements specific to their plan/operation.

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 (\$100.00 for plan review; \$175.00 for onsite consultation)
- Proposed Timeline (*we know it may change and that is okay, just give us an idea of when you are thinking of starting and finishing*)
- 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 either **\$100.00** for plan review OR **\$175.00** for onsite consultation are received.

Call our office (612) 543-5200 and speak 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. This same 30 calendar day timeline applies to consult requests.**

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 size and risk level of the establishment as well as 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.

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 consultation (see fee schedule for associated fees). Consult fees will be applied toward any resulting plan fees.

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

- 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 contacted to schedule 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.
- 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 Eden Prairie office or from our website: www.hennepin.us/planreview).
- State the regulation from which you are requesting a variance.
- Explain the reason/need for variance from the regulation (financial reasons will not be accepted).
- Provide documentation supporting that 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)



2026 Plan Review Fees

Plan fees are determined by the amount of work being done and the license level of the facility that is being reviewed. The license levels are determined by the type of food, amount of food handling, risk level of the food, and the size of the operation. The types of facilities listed are examples. They are not all-inclusive. The specific operation of a food establishment may change the level from the one listed.

Establishment – the address at which licensable activities take place

Facility – Licensed activity within an establishment

Primary – Largest or highest risk level facility at an address

Additional – One or more facilities at the same address with the same owner

Special Fees				
Description		Type	New or over 50% remodel	Less than 50% remodel
Opening without license – Opening facility without health official approval			50% of license fee	
Non-professional plan – Hand drawn, not to scale, not by a licensed architect			25% plan review 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	
On-site consultation fee			\$175	
In-office consultation fee			\$74	
Re-inspection fee			\$133	
High Large Facility				
Full menu, >175 seats and/or >500 meals or equivalent portions			Type	New or over 50% remodel
				Less than 50% remodel
Open Food				
<ul style="list-style-type: none"> Banquet kitchen Cafeteria Caterer Commissary kitchen Combo deli/meat market 		<ul style="list-style-type: none"> Complex cuisine Deli Family restaurant Fast food Flight kitchen Large institution 	<ul style="list-style-type: none"> Meat market (ROP, cured/smoked meat: HACCP plan required) School w/ food made on-site or catered to other schools 	Primary \$1,560 Additional \$777
High Small Facility				
Full menu, <175 seats and/or <500 meals or equivalent portions			Type	New or over 50% remodel
				Less than 50% remodel
Open Food				
<ul style="list-style-type: none"> Bakery (potentially hazardous fillings or decorations) Banquet kitchen Cafeteria Caterer Commissary kitchen 		<ul style="list-style-type: none"> Combo deli/meat market Complex cuisine Deli Family restaurant Fast food Small institution 	<ul style="list-style-type: none"> Meat market (ROP, cured/smoked meat: HACCP plan required) School w/ food made on-site or catered to other schools 	Primary \$1,211 Additional \$606



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Epidemiology and Environmental Health

479 Prairie Center Dr, Eden Prairie, MN 55344

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

Medium Small Facility	Type	New or over 50% remodel	Less than 50% remodel
Packaged			
• Large grocery store			
Open Food			
• Bakery/bake off (full, limited decorating, all non-potentially hazardous)	• Catering vehicle • Kitchen (10 or fewer meals) • Meat market • Bar	• Produce dept. (cutting fruit/veggies) • School w/ catered food, minimal prep on-site	Primary \$918 Additional \$458
			\$612 \$305
Medium Limited Facility	Type	New or over 50% remodel	Less than 50% remodel
Packaged			
• Small grocery store			
Open Food			
• 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	Primary \$608 Additional \$303
• Catered food, no prep			\$405 \$202
Low Facility	Type	New or over 50% remodel	Less than 50% remodel
Packaged			
• Convenience store	• Pharmacy	• Warehouse	
Open Food			
• Bakery (sales only)	• Farmers market stand (no samples)	• Produce dept. (no cutting/prep)	Primary \$323
• Bulk food, not hazardous	• Limited food	• Snack stand (hot dogs only)	\$215
• Coffee, fountain beverages only	• Rental kitchen		Additional \$162
			\$108
Low Limited Facility	Type	New or over 50% remodel	Less than 50% remodel
• Chips, pretzels	• Half-day child care w/ snacks & milk only	• Portable bar • No prep or ware-washing	Primary \$150
• Packaged snacks, not primary business			Additional \$75
			\$100 \$50



Plan Review Application – Food, Beverage & Lodging

Return To:

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

Establishment Information

Establishment Name: _____ Phone: _____

Address: _____ City: _____ State: MN Zip Code: _____

License Holder/Business Owner Information

Must be a valid mailing address; all future correspondence & renewal paperwork will be sent to this address

Owner Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Owner Email: _____

Plan Review Type & Timeline

On Site Consult \$175.00 In Office Consult \$74.00 New or Remodel \$100.00

PROJECT TIMELINE: START DATE: _____ COMPLETION DATE: _____

Responsible Agent for Plan Review (if other than the owner)

Operator Contractor Designer Supplier Agent Other: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Email: _____

Contractor Information (if not named above)

Company Name: _____ Phone: _____

Contact Name: _____ Email: _____

Project Summary

Briefly describe project (ex. new build, changing menu, equipment swap, adding walk-in cooler, etc.)



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Type(s) of Service (check all that apply)

Sit Down Take Out Delivery Catering Liquor Beer/wine Other _____

Proposed Hours of Operation		Other Information
Mon: _____	Fri: _____	Total Square Footage: _____
Tues: _____	Sat: _____	Number of Seats: _____ # Meals/day: _____
Wed: _____	Sun: _____	Number of Units (lodging only): _____
Thurs: _____		Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No Spa: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Finish Area (Room)	Walls	Ceiling	Floor / Basecove
Ex. Kitchen	Ex. FRP	Ex. Smooth vinyl tiles	Ex. Quarry tile / quarry tile basecove

What will the wall finish be behind the cooking equipment?

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

Commercial water heater model & size (if applicable): **Model** _____ **Size** _____ gallons

*Location of water heater must be on the layout

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: _____

Initial Payment

(more fees specific to your project may be assessed later)

\$100.00 for plan review; \$175.00 for onsite consult; \$74.00 for office consult (payable to: Hennepin County Treasurer)

Amount: \$ _____ **Send remaining fees to: Business Owner Responsible Agent**

*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) _____



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