

## 2022 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 \$121.00 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](http://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.

# 2022 Plan Review Fees

The license categories 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.

Primary – Largest or highest risk level facility at an address

Additional – One or more facilities at the same address

<b>Special Fees</b>				
Opening without license – Opening facility without health official approval				<b>50% of license fee</b>
Non-professional plan – Hand drawn, not to scale, not by a licensed architect				<b>25% plan review fee</b>
Re-submission of plan – Major changes or new designer/architect after initial review				<b>25% plan review fee</b>
Late plan fee – Starting construction with an approved plan				<b>Double plan review fee</b>
On-site consultation fee				<b>\$161</b>
In-office consultation fee				<b>\$64</b>
Re-inspection fee				<b>\$121</b>
<b>Description</b>	<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>	
Lodging	Large (more than 10 rooms)	Base fee	\$425	\$283
		Per room fee	\$15	\$10
	Small (10 or fewer rooms)	Base fee	\$269	\$179
		Per room fee	\$24	\$16
Children's Camp	Base fee	\$263	\$175	
	Per double bunk fee	\$12	\$8	
HACCP Fees	Initial HACCP Plan Review		\$386	
	Annual HACCP Audit		\$193	
<b>High Food – Large Facility</b>		<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
Full menu, >175 seats and/or >500 meals or equivalent portions				
<b>Open Food</b>				
• Banquet kitchen	• Complex cuisine	• Meat market (ROP, cured/smoked meat: HACCP plan required)	<b>Primary</b>	\$1,442
• Cafeteria	• Deli			\$961
• Caterer	• Family restaurant	• School w/ food made on-site or catered to other schools	<b>Additional</b>	\$717
• Commissary kitchen	• Fast food			\$478
• Combo deli/meat market	• Flight kitchen			
	• Large institution			
<b>High Food – Small Facility</b>		<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
Full menu, <175 seats and/or <500 meals or equivalent portions				
<b>Open Food</b>				
• Bakery (potentially hazardous fillings or decorations)	• Combo deli/meat market	• Meat market (ROP, cured/smoked meat: HACCP plan required)	<b>Primary</b>	\$1,119
• Banquet kitchen	• Complex cuisine	• School w/ food made on-site or catered to other schools	<b>Additional</b>	\$560
• Cafeteria	• Deli			\$373
• Caterer	• Family restaurant			
• Commissary kitchen	• Fast food			
	• Small institution			

<b>Medium Food – Small Menu</b>			<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
<b>Packaged</b>					
• Large grocery store					
<b>Open Food</b>			<b>Primary</b>	\$848	\$565
• 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	<b>Additional</b>	\$423	\$282
• Bar					
<b>Medium Food – Limited Menu</b>			<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
<b>Packaged</b>					
• Small grocery store					
<b>Open Food</b>			<b>Primary</b>	\$561	\$374
• 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	<b>Additional</b>	\$281	\$187
• Catered food, no prep					
<b>Low Food</b>			<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
<b>Packaged</b>					
• Convenience store	• Pharmacy	• Warehouse			
<b>Open Food</b>			<b>Primary</b>	\$299	\$199
• Bakery (sales only)	• Farmers market stand (no samples)	• Produce dept. (no cutting/prep)	<b>Additional</b>	\$150	\$100
• Bulk food, not hazardous	• Limited food	• Snack stand (hot dogs only)			
• Coffee, fountain beverages only	• Rental kitchen				
<b>Low – Limited Food</b>			<b>Type</b>	<b>New or over 50% remodel</b>	<b>Less than 50% remodel</b>
• Chips, pretzels	• Half-day child care w/ snacks & milk only	• Portable bar	<b>Primary</b>	\$140	\$93
• Packaged snacks, not primary business		• No prep or ware-washing	<b>Additional</b>	\$69	\$46

# Plan Review Application – Food, Beverage & Lodging

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"/> On Site Consult \$161.00	<input type="checkbox"/> In Office Consult \$64.00
<input type="checkbox"/> New or Remodel \$100.00	<input type="checkbox"/> Short Term Temporary (>10 days) \$161.00
Responsible Agent for Plan Review (if other than the owner)	
<input type="checkbox"/>	
<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>	
<b>Deposit Amount: \$ _____ Send remaining plan fees to: <input type="checkbox"/> Business Owner <input type="checkbox"/> Responsible Agent</b>	
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) \_\_\_\_\_

