



BROWN COUNTY PUBLIC HEALTH

1117 CENTER STREET
PO BOX 543
NEW ULM MN 56073-0543
Phone (507) 233-6820 • Fax (507) 233-6819
Specialist: Rebecca Thomes • Cell (507) 766-2021
<https://browncountymn.gov>

For Office Use Only:

License #: _____
Date Received: _____
Check #: _____

2025 - LICENSE APPLICATION FOR FOOD, BEVERAGE, AND LODGING ESTABLISHMENTS

License valid January 01, 2025 through December 31, 2025

PLEASE PRINT OR TYPE - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICANT / OWNER INFORMATION

Minnesota Statute, Section 270C.72, subd.4 requires you to supply your Minnesota business tax identification number:

MN State Tax ID Number: _____ **OR Federal Tax ID Number:** _____
(7 digits) (9 digits)

Owner /Corporation / Partnership Name: _____

(Must be the legal name that identifies with the Tax ID number entered above)

Contact Name: (if not a single owner business): _____

Address: _____

Street / PO Box

City

State

Zip

ESTABLISHMENT INFORMATION

Establishment Name: _____ County: _____

Establishment Address: _____
Street / PO Box City State Zip

Establishment Phone: _____ Fax: _____ Establishment email: _____
(inspection reports will be sent to this email)

Establishment Type: ☐ Year Round ☐ Seasonal - Dates of Operation: Opening Date: _____ Closing Date: _____

Certified Food Protection Manager: (Please list the MN State Certification information. This information is required for any kitchen that is preparing food.)

Full Name

State issued FM #

Expiration Date

Send licenses, renewals and notices to:

Send Brown Newsletter to:

☐ Owner's Address ☐ Establishment Address

☐ Owner's Email ☐ Establishment Email

WORKER'S COMPENSATION INFORMATION

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Worker's Compensation Insurance Company Name _____ Policy Number _____ thru _____
Dates of Coverage

(OR) I certify that I am not required to carry worker's compensation insurance because (check one):

- ☐ I have no employees
☐ I am self-insured (you must include a copy of the permit to self-insure)
☐ I have no employees who are covered by worker's compensation

(Exempt employees include: spouse, parents, children and certain farm employees.)

SIGNATURE

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE:

Signature

Title

Date

FEES

PENALTIES: All license payments are due on or before December 31 of the current year to avoid any late penalties. Any payment received, delivered, or postmarked between January 1 and January 31 will be assessed a \$70.00 LATE FEE. Any payment received, delivered, or postmarked between February 1 and February 28 will be assessed an additional \$70.00 LATE FEE, totaling \$140.00. If no payment is received as of February 28, your establishment will be closed. To be reopened, a re-inspection will be done and a re-inspection fee of \$175.00 will be charged. If an establishment is opening after October 1, and before January 1, a new license or new operator is required to pay one half (½) of the normal fee. **Re-Inspection Fee:** - for Brown County is \$ 175.00 **In-Office Hearing Fee:** for Brown County is \$100.00. If either of these enforcement fees are not paid within 30 days, an additional LATE FEE of \$70.00 will also be required.

B	Base Fee		HM	Hotel/Motel	x 11.00	
LAF	License Administrative Fee		LUF	Lodging Unit Fee	x11.00	
AFS	Additional Food Service		SE	Small Establishment		
BB	Bed & Breakfast		ME	Medium Establishment		
BWTS	Beer/Wine Table Service		LE	Large Establishment		
BE	Beverage Establishment		SK	Service Kitchen		
B	Boarding Establishment		SW	Swimming Pool		
DC	Day Care		SWA	Swimming Pool Additional		
LF	Limited Food		SP	Spa Pool		
MFU/ FC	Mobile Food Unit / Food Cart		LF	Late Penalty		
SCNA	Seasonal Concession / No Alcohol		SCWA	Seasonal Concession With Alcohol		

Total Amount Due \$

Before you mail your application back with payment, did you:

- ☐ Review all necessary areas of the application including employees who have completed the Certified Food Protection Manager (CFPM) class for the kitchen to operate if applicable
- ☐ Update Insurance Information and Expiration Dates of policies?
- ☐ Include payment of cash or check *(Sorry we do not accept credit cards)*

Please submit a check or money order for the total amount listed above to:

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