

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773

Phone: 507-437-9940
www.ci.austin.mn.us

FOOD LICENSE

NEW LICENSE REQUIREMENTS

- General Application for License
- *Copy of Minnesota food handler's license
- \$10 application fee
- \$75 annual fee - Pro-rated to \$40 minimum

***State Licensing Contacts**

A City of Austin Food License requires a food handler's license from the Minnesota Department of Health for restaurants or from the Minnesota Department of Agriculture for all other food businesses. See contact information below.

Minnesota Department of Health

Environmental Health Division
Foods, Pools, and Lodging Services
Phone: 651-201-4500
Toll Free: 1-800-383-9808
Email: health.foodlodging@state.mn.us

Website:
<https://www.health.state.mn.us/communities/environment/food/license/index.html>

Minnesota Department of Agriculture

Licensing & Registration Food & Feed Safety
Phone: 651-201-6062
Email: MDA.Licensing@state.mn.us

Starting a Food Business
Phone: 651-201-6081
Email: MDA.FoodLicensingLiaison@state.mn.us

Website: <https://www.mda.state.mn.us/food-feed/food-licenses>

Food Licensing Wizard:
<https://www2.mda.state.mn.us/webapp/foodlicensingwizard/>

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin
General Application for License
City of Austin ♦ 500 4th Avenue NE
Austin, MN 55912
507-437-9940
www.ci.austin.mn.us
Submit to licensing@ci.austin.mn.us

New License ☐

Renewal ☐

Transfer ☐

SECTION A. License Information

License Type:

Fee:

SECTION B. Applicant Information

Applicant Name:

Type of License:

☐ Individual Owner ☐ LLC ☐ Corporation ☐ Partnership *(Corporations, LLCs and partnerships must complete Section C)*

Business Name:

Business Phone Number:

DBA:

DBA Address:

City:

State:

Zip:

E-mail Address for licensing correspondence:

SECTION C: Corporations, LLCs and partnerships must complete this section.

Corporate Name:

Corporate Phone Number:

Corporate Address:

City:

State:

Zip:

Officer Name:

Title:

Address:

City:

State:

ZIP:

Officer Name:

Title:

Address:

City:

State:

ZIP:

SECTION D. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner Revenue your Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI)	Social Security Number		
Home Address	City	State	ZIP
Business Name			
Business Address	City	State	ZIP
Minnesota Business Tax ID Number	Federal Tax ID Number		

SECTION E. Certification of Compliance for Minnesota Workers' Compensation

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent)	Policy Number
Dates of Coverage _____ to _____	

OR

I am not required to have workers' compensation liability coverage because:

- ☐ I have no employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

SIGNATURE_____
POSITION_____
DATE SIGNED