

Information and Restriction Sheet - Special Event License

This form MUST be filled out and sent to MSNA@fusionLP.org.

You must have this form to be allowed to serve samples at your booth!

This is required by the MN Department of Health

Name of Organization: Minnesota School Nutrition Association

Applicant: _____

Contact Name: _____

Address: _____

Cell Phone Number: _____ Work Phone: _____

Event date (s) and location: Tuesday, August 9, 2022, River's Edge Convention Center, 10 4th Ave S, St. Cloud MN 56301

List **foods** that you will be showing and sampling: _____

Specify food source: _____

Source and storage of ice: Refrigerated/Freezer Truck on site

How are you heating foods on site? Please state: _____

How are you keeping hot foods hot on site? Please state: _____

How are you keeping cold foods cold on site? Please state: _____

List all food service equipment used on site: _____

Describe food storage facilities: Refrigerated Freezer Truck on site for vendors use if needed

Specify hand washing facilities: Vendors will be supplying their own hand washing stations in booths and will have handwashing stations on the floor

How will liquid and solid waste be disposed? River's Edge Convention Center will handle the disposal of liquids/solids. Containers will be made available.

Type of toilet facilities: River's Edge Convention Center Facilities

Water source: River's Edge Convention Center Facilities

RESTRICTIONS THAT THE PERMIT OR LICENSE HOLDER MUST COMPLY WITH:

1. In no case shall any home-canned products including vegetables, meats, poultry, fish or shellfish or home-made sausage be sold or served.
2. All food must be prepared in licensed or permitted establishment, NOT IN PRIVATE HOMES.
3. Other restrictions: _____

I have read the guidelines set forth in the [MSNA MDH Food Handling Safety & Handwashing Station Set Up Guidelines](#) document and have read the restrictions listed above in this Special Event License form, and I agree to comply with all safety standards described in these documents.

Signature: _____ Date: _____