

Special Event License Form



This form **MUST** be completed & sent to MSNA@fusionLP.org in order to serve samples at your booth.
This is required by the Department of Health.

- 1) Name of Organization: Minnesota School Nutrition Association
2) Applicant: _____
3) Contact Name: _____
4) Address: _____
5) Cell Phone Number: _____ 6) Work Phone: _____
7) Event date(s) and location: Tuesday, August 4, 2026
River's Edge Convention Center, 10 4th Ave S, St. Cloud MN 56301

8) List the foods that you will be showing and sampling:

9) Specify food source: _____

10) Source and storage of ice: Refrigerated/Freezer Truck On-Site

11) How are you heating foods on site? Please state:

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

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

14) List all food service equipment used on site:

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

16) Specify hand washing facilities: Vendors to supply their own handwashing stations in booths and will have handwashing stations on the floor.

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

18) Type of toilet facilities: RECC Facilities 19) Water source: RECC 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: _____