MINNEAPOLIS REGULATORY SERVICES
ENVIRONMENTAL HEALTH & FOOD SAFETY
250 SOUTH 4TH STREET, ROOM 414
MINNEAPOLIS, MN 55415
PHONE: (612) 673-3000, FAX: (612) 673-2635

FOR OFFICE USE ONLY	
CHECK #:	AMOUNT:
DATE:	
PLAN #:	
REVIEWED BY:	

PUBLIC MARKET PLAN REVIEW APPLICATION

MARKET INFORMATION

NAME OF PROPOSED MARKET: *(PLEASE PRINT)*			
STREET ADDRESS OF PROPOSED MARKET:	CITY:	STATE:	ZIPCODE:
NAME OF MARKET OPERATOR:	E-MAIL ADDRESS:	TELEPHONE:	
MAILING ADDRESS OF MARKET OPERATOR:	CITY:	STATE:	ZIPCODE:

MARKET MANAGER INFORMATION

NAME OF MARKET MANAGER:		TELEPHONE:	
MAILING ADDRESS OF MARKET MANAGER:	CITY:	STATE:	ZIPCODE:
E-MAIL ADDRESS:			

APPLICATION CATEGORY (check one)

☐ NEW MARKET ☐ CHANGE OF OWNERSHIP ☐ CHANGE OF LOCATION ☐ EXPANSION OF MARKET

START DATE:_____ END DATE:_____

PROPOSED HOURS OF OPERATION

SUNDAY:_____ THURSDAY:_____
MONDAY:_____ FRIDAY:_____
TUESDAY:_____ SATURDAY:_____
WEDNESDAY:_____

OTHER INFORMATION

TOTAL SQUARE FOOTAGE OF MARKET AREA:_____ MAXIMUM NUMBER OF VENDOR STALLS:_____

IS THE MARKET AREA LOCATED ON A HARD, SMOOTH AND CLEANABLE SURFACE?:_____

***NOTE: A* SCALED DIAGRAM OF THE MARKET AND A LIST OF PROPOSED MARKET VENDORS MUST BE ATTACHED TO THIS APPLICATION**

WHERE WILL TOILET FACILITIES BE LOCATED?:

Note: If renting portable toilets, please attach a copy of the contract.

HOW WILL POTABLE WATER BE PROVIDED?:

WHO WILL BE RESPONSIBLE FOR TRASH REMOVAL/DISPOSAL?:

IF NEEDED, HOW WILL POWER BE PROVIDED TO MARKET VENDORS?

Note: Vendors selling potentially hazardous food products must provide mechanical refrigeration.

APPLICANT NAME - PRINT	SIGNATURE	DATE:
ENVIRONMENTAL HEALTH STAFF NAME - PRINT	SIGNATURE	DATE:

Plan Review Fee must be paid when plans are submitted. Make check or money order payable to MINNEAPOLIS FINANCE.