

**Application Form
KEC**

**Inspections Services
Regulatory Services**
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415
Office 612-673-3000 or 311
www.minneapolismn.gov/fire-permits



Office Use Only

Permit # _____

Amount \$ _____

Inspector Initials _____ Date _____

APPLICATION FOR A PERMIT FOR KITCHEN EXHAUST CLEANING

JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

CLEANING CONTRACTOR

CONTRACTOR NAME		CITY OF MINNEAPOLIS LICENSE NUMBER		
ADDRESS		CITY	STATE	ZIP
BUSINESS PHONE	FAX	EMAIL		
RESPONSIBLE AGENT or BUILDING CONTACT		PHONE		

CLEANING INFORMATION

NAME OF BUSINESS/TENANT(S)	NUMBER & TYPE OF EXHAUST SYSTEM	DATE & TIME OF SCHEDULED CLEANING
	Type I: ____ Type II: ____	

DESCRIPTION OF WORK

IMPORTANT INFORMATION

This Kitchen Exhaust System Cleaning permit application and the \$146.80 fee must be received by Fire Inspections Services within five business days of the scheduled cleaning date. Type I exhaust systems are required to be inspected annually and must be cleaned semi-annually. Kitchen exhaust systems cleaning contractors must be licensed with the City of Minneapolis.

Pre- & post-cleaning photos must be emailed to kitchen.exhaustcleaning@minneapolismn.gov within five business days. Each photo is to be date-stamped and have an identification number. The email must indicate which photos apply to which systems.

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable city ordinances, state and federal rules, and all orders from Minneapolis Fire Inspections Services.

SIGNATURE _____ DATE _____

PAYMENT OPTIONS

In person at the City of Minneapolis Service Center, Monday through Thursday, 8 a.m. to 4 p.m., and Friday, 9 a.m. to 4 p.m.:

Public Service Building
505 South 4th Avenue, Skyway Level
Minneapolis, MN 55415

By mail, with a check payable to Minneapolis Finance Department, or the below credit or debit card information, mailed to:

Inspections Services
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

For reasonable accommodations or alternative formats please contact 311 at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para asistencia, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay 311.