

**Application Form
KEC**

**Fire Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-
TTY 612-673-2157
www.minneapolismn.gov/fis



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
BUSINESS PHONE		FAX	EMAIL
RESPONSIBLE AGENT or BUILDING CONTACT			PHONE

CLEANING INFORMATION		
NAME OF BUSINESS/TENANT(S)	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 \$143.90 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 Minneapolis Development Review counter, Monday through Friday, 9:00 AM to 3:00 PM:

Public Service Center
250 South 4th Street, Room 300
Minneapolis, MN 55415

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

Fire Inspection Services
250 South 4th Street, Room 300
Minneapolis, MN 55415

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

By secure fax, with the below credit or debit card information:

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

Secure fax to **612-**