



Minnesota Department of Health
 Food Manager Certification
 Environmental Health Services Section
 625 Robert Street North
 P.O. Box 64495
 St. Paul, MN 55164-0495
 651-201-4500
 TTY 651-201-5797



www.health.state.mn.us/divs/eh/food/fmc/applications.html

**MINNESOTA FOOD MANAGER CERTIFICATION
 RENEWAL APPLICATION**

Minnesota Food Manager Certificate # FM _____
 Certificate Begin Date: _____
 Certificate Expiration Date: _____

For Office Use Only:

Date Received: _____
 Amount: \$ _____ Check #: _____
 Approved: Yes _____ No _____

INSTRUCTIONS

- Please complete all required information
- Complete the Food Safety Continuing Education information on the reverse side of this form
- Attach a copy of each Food Safety Continuing Education certificate
- **Include a non-refundable \$35 (fee increase effective July 1, 2009) Food Manager re-certification fee made payable to the Minnesota Department of Health.**
DO NOT SEND CASH
 Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as stated in Minnesota Statutes, section 604.113, subd. 2 (a). Additional civil penalties may be imposed for nonpayment.
- Sign and date renewal application and submit application to the above address

Applicant Information: (required)

Name: _____

Social Security Number: _____ - _____ - _____

Mailing Address: _____

 (City) (State) (Zip)

County: _____ Home Phone: _____

Before mailing, check to be sure that your application materials include the following:

- ___ 1. Completed and signed application form (signature on back page)
- ___ 2. Copy of your continuing education certificate
- ___ 3. Check or money order made payable to the MDH for \$35 (fee increase effective July 1, 2009)

PLEASE COMPLETE THE REVERSE SIDE OF THIS RENEWAL

