

**Minnesota Department of Agriculture
Food Safety and Defense Task Force
Food Innovation Team Subcommittee**

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Title: Attachment 2: FIT Pre-Screening Intake Form	

To be completed by the Food Business Owner with assistance by a FIT Member. The form is due by the 15th of the month preceding a regularly scheduled FIT meeting in order to be considered on the upcoming agenda. Example: the form should be submitted by December 15th in order to be considered for the January meeting agenda. FIT meetings will typically take place on the third Tuesday of every other month starting in January of a calendar year.

Data Privacy Warning:

The Food Innovation Team (FIT) regularly requests data from food business owners (FBOs) interested in participating or gaining food business licensing guidance from FIT through the Pre-Screening Intake Form (PSIF), during FIT meeting proceedings, and as part of the regular processes of FIT. The information provided for these FIT activities will be used before, during, and after FIT meetings to answer licensing questions from FBOs. Information provided is public information and will be discussed at a meeting that is open to the public. If you have information that you want protected, please contact the Food and Feed Safety Interim Division Director, Katherine Simon (katherine.simon@state.mn.us or (651)-201-6596) before filling out this form and submitting it to FIT.

Category	General Information	Current License Status (if applicable)	
Name of Food Business Owner		Date license issued	
Name of Business		Jurisdiction or agency issuing license	
Location of business		License Number	
Current Business model	Details:		
Current Product Process	Details:		
Are you operating under the Cottage Food Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:		

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Proposed Business Information	
Proposed Business Model	
Proposed Product Process	
Proposed Sales Process	
What initiated the request for review by FIT?	

Regulatory Agency Contact History			
Entity contacted	Name of contact	Date of Contact	Outcome of contact
Local inspector: _____ Yes _____ No			
Supervisor: _____ Yes _____ No			
MDH: _____ Yes _____ No			
MDA: _____ Yes _____ No			
Other: specify organization or group:			

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FIT Contact History				
How did you contact FIT? Email, phone call, other:	FIT Contact Information Used	Date of Contact	Name of Contact	Participants
How did you hear about FIT?				