

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

|  |                            |
|--|----------------------------|
| Document: MNTF.SOP.10.01.Attachment5                           | Page 1 of 2                |
| Version #: 1   | Effective Date: 04/20/2018 |
| Title: <b>Attachment 5: FIT Recommendation Report Template</b> |                            |

**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 Division Director, Dr. Benjamin Miller (benjamin.miller@state.mn.us or (651) 201-6027) before filling out this form and submitting it to FIT.

**FIT Website Notification:**

Please note that all information contained in this form is subject to public information requests. The information contained in this form will be included on the FIT website with the exception of items under the “General Business Information” category.

**Date of FIT Meeting:** [Click here to enter a date.](#)

**Meeting Participants:**

- FIT Members:
  - Name
  - Name
  - Name
- Ad-Hoc Experts:
  - Name
  - Name
  - Name
- Business Members:
  - Name
  - Name
  - Name
- Other:
  - Name
  - Name
  - Name

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

|  |                            |
|--|----------------------------|
| Document: MNTF.SOP.10.01.Attachment5                           | Page 2 of 2                |
| Version #: 1   | Effective Date: 04/20/2018 |
| Title: <b>Attachment 5: FIT Recommendation Report Template</b> |                            |

| General Business Information (Do not include this section in public-facing online database)     |  |
|---|--|
| Name of business:   |  |
| Location of business:   |  |
| Referred by:  | <input type="checkbox"/> MDA <input type="checkbox"/> MDH <input type="checkbox"/> FIT member<br><input type="checkbox"/> MDA Delegated Agency <input type="checkbox"/> MDH Delegated Agency |
| Current license(s), registration(s), and/or exemption(s):<br>(Please include date of issuance.) |  |
| Why was this business referred to FIT?  |  |
| Current business model:   |  |
| Key issues examined by FIT:   |  |
| Other issues:   |  |
| How was the issue resolved?   |  |
| Description of resolution:  |  |
| Other notes:  |  |
| Who resolved the issue (name(s) and organization(s)):   |  |
| Date of resolution:   |  |
| Licensing authority representative (name and organization):                                     |  |
| Recommendations / Lessons Learned   |  |
| Internal (FIT):   |  |
| Licensing agency:   |  |
| Rules / Statutes:   |  |