

**Application Form  
KEC**

**Inspections Services  
Regulatory Services**  
505 South 4<sup>th</sup> Avenue, Room 510A  
Minneapolis, MN 55415  
Office 612-673-3000 or 311  
TTY 612-673-2157  
[www.minneapolismn.gov/fire-permits](http://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
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](mailto: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 4<sup>th</sup> 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 4<sup>th</sup> Avenue, Room 510A  
Minneapolis, MN 55415

*MasterCard or Visa only*

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_