

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268

MINOT, ND 58702-1268

PHONE (701) 852-1376 FAX (701) 852-5043

SUMMER CAMP APPLICATION

NAME OF FACILITY		NAME OF OWNER	
FACILITY ADDRESS		CITY	ZIP CODE
MAILING ADDRESS		CITY	STATE ZIP CODE
FACILITY PHONE NUMBER		OWNER PHONE NUMBER	
A SLEEPING UNIT IS A BUILDING THAT CONTAINS BEDS FOR USE BY CAMP PATRONS. NUMBER OF SLEEPING UNITS:			
THIS FACILITY HAS ON PREMISES (CIRCLE ALL THAT APPLY): SWIMMING POOL WADING POOL SPA WATERSLIDE INTERACTIVE WATER FOUNTAIN			
CAMP DIRECTOR		DIRECTOR PHONE NUMBER	
WATER SOURCE: MUNICIPAL PRIVATE RURAL		PWS NUMBER (IF APPLICABLE): _____	SEWER SYSTEM: MUNICIPAL PRIVATE
<input type="checkbox"/> PROVIDE DOCUMENTATION SHOWING ALL MANAGERS AND FOOD EMPLOYEES HAVE COMPLETED AN APPROVED FOOD EDUCATION COURSE.			
<input type="checkbox"/> IF FACILITY WILL HAVE 10 OR MORE FOOD EMPLOYEES, DOCUMENTATION MUST BE PROVIDED SHOWING THAT ALL EMPLOYEES SERVING AS PERSONS IN CHARGE HAVE OBTAINED AN APPROVED CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION (SEE FDHU.ORG FOR A LIST OF APPROVED COURSES)			
<input type="checkbox"/> LIST ALL RAW ANIMAL FOODS THAT WILL BE SERVED. INCLUDE METHOD OF SERVICE (I.E. COOKED, RAW, AND PARTIALLY COOKED).			
<input type="checkbox"/> LIST FOODS THAT WILL BE SUBJECT TO COOLING, REHEATING, HOT OR COLD HOLDING, FREEZING OR THAWING.			

IF YOUR CAMP HAS ANY TYPE OF AQUATIC FACILITY, AN APPLICATION FOR LICENSE FOR THAT FACILITY SHALL BE INCLUDED.

FAILURE TO INCLUDE THIS DOCUMENT WILL RESULT IN REJECTION OF YOUR APPLICATION.

***FOR NEW CONSTRUCTION, INCLUDE A COPY OF THE PLUMBING CERTIFICATE AND OF THE ELECTRICAL CERTIFICATE.**

IF ANY CHANGES ARE MADE REGARDING ANY INFORMATION CONTAINED HEREIN, NOTICE MUST BE MADE TO FDHU IMMEDIATELY.

SEND APPLICATION AND ASSOCIATED DOCUMENTS
TO:

FIRST DISTRICT HEALTH UNIT
P.O. BOX 1268:
MINOT ND 58702-1268

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN FIRST DISTRICT
HEALTH UNIT'S "RULES AND REQUIREMENTS FOR FACILITIES" AND THAT THE
ABOVE LISTED SUMMER CAMP SHALL BE OPERATED IN FULL ACCORDANCE
WITH ALL REGULATIONS CONTAINED THEREIN:

**LICENSE SHALL BE RENEWED EACH CALENDAR
YEAR.**

SIGNATURE OF OWNER

DATE

AMENDED JANUARY 2020

EHP APPROVAL: _____