

# First District Health Unit

801 11th Ave SW - PO Box 1268  
Minot ND 58702-1268

Phone: (701) 852-1376  
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## Temporary Event / Mobile Unit Food Establishment License Application

**Procedure:**

- 1) Incomplete applications will NOT be processed.
- 2) License fee is determined after review of application and licenseholder will be notified of assigned fee.
- 3) Notify FDHU immediately of changes made to any portion of this application.

\*Food establishments must pay license fee and receive FDHU approval prior to operation.

This application is submitted for: _____ New Establishment _____ New Establishment Name _____ New Owner			
Name of Establishment		Name of License Holder	
Owner Mailing Address	City	State	Zip Code
Phone Number(s)	Owner Email Address		

1. Opening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Details provided below may be updated after license issuance.
2. Circle the number of days the food establishment plans to operate in the First District Health Unit:  
 1    2    3    4    5    6    7    8    9    10    11    12    13    14+
3. Attach proposed menu with all food items listed. Home prepared foods are NOT permitted.  
 Foods must be prepared on site or in an approved and licensed location off-site.
4. Identify food source (i.e. name of grocery store). All foods must be obtained from approved sources.  
 Source(s): \_\_\_\_\_

5. Provide details for each event the food establishment plans to operate.

Event Name / Date	Location	Event Contact Name	Phone Number / Email Address

\*Attach additional page as needed.

## Requirements for Temporary Events / Mobile Food Units

<b>1. Food Safety Education</b> - All food employees required to take and pass approved food safety course. <input type="checkbox"/> Verification attached (i.e. copy of food safety card).			
<b>2. Water Systems Utilized</b> - Indicate applicable water source / waste water (sewage) disposal.			
	Municipal	Source	Holding Tank
Water Supply	<input type="checkbox"/>	_____	<input type="checkbox"/>
Waste Water (Sewage)	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>3. Handwashing Facility</b> - Required. Food handlers are required to wash hands for 20 seconds. Supplies available: <input type="checkbox"/> Running, Potable Water <input type="checkbox"/> Soap <input type="checkbox"/> Paper Towels			
<b>4. Warewashing / Sanitizer</b> - Wash utensils in warm, soapy water, rinse, sanitize, air dry. No towel drying. Circle sanitizer:    Chlorine (Bleach)    Quaternary Ammonia    Iodine    Other: _____ Indicate warewashing method used. <input type="checkbox"/> 3-Bucket System <input type="checkbox"/> 3-Compartment Sink			
<b>5. Cold Holding</b> - TCS foods must be held at 41°F or below. List cold holding equipment: _____  <input type="checkbox"/> Thermometers are placed in all cold hold units. <input type="checkbox"/> Cold hold units are set to 41°F or below.			
<b>6. Cooking / Reheating</b> - List all food items that will be cooked / reheated to the proper temperatures.			
135°F	Ex: Cook plant foods / Reheat commercially processed / packaged products.		
145°F	Ex: Cook eggs (serve immediately), fish, meat (not ground / comminuted / injected), game animals, ratites, etc.		
15 sec			
155°F	Ex: Cook eggs (not served immediately), ground / comminuted / injected fish, meats, game animals, etc.		
17 sec			
165°F	Ex: Cook stuffed foods (including fish, meat, ratites, game animals, pasta) poultry, reheat prepared foods.		
15 sec			
<b>7. Hot Holding</b> - Hot TCS foods must be cooked to the proper temperature then held at 135°F or above. List hot holding equipment: _____			
<b>8. Thermometers</b> - <input type="checkbox"/> Thermometers provided and accessible to check cooking / reheating temperatures.			
<b>9. Food Handling</b> - <input type="checkbox"/> Gloves, utensils, tissue paper, etc. will be used to prohibit contact with RTE food.			
<b>10. FDHU's Requirements for Food and Beverage Establishments</b> - Download <a href="#">2019 Food Code</a>			

I hereby: (1) affirm that all requested information has been provided and is correct to the best of my knowledge, (2) request that a license be issued to the Applicant to operate this Establishment, and (3) understand the license is **not transferable to another person or location** and may be revoked for failure to maintain compliance with the 2019 FDHU's Requirements for Food and Beverage Establishments.

Return Complete Application to:  
**First District Health Unit**  
**Attn: Environmental Health Dept.**  
**P O Box 1268**  
**Minot, ND 58702**

\_\_\_\_\_  
 Signature of Licenseholder

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 EHP Approval

\_\_\_\_\_  
 Date