

FIRST DISTRICT HEALTH UNIT

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First District



Health Unit

2019 FOOD ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT INFORMATION:

OPERATING NAME		ESTABLISHMENT IS: __PERMANENT __SEASONAL __MOBILE UNIT __TEMPORARY EVENT	
PHYSICAL ADDRESS		CITY	ZIP CODE
MAILING ADDRESS		CITY	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	
DAYS/MONTHS OF OPERATION	HOURS OF OPERATION	NUMBER OF SEATS	
WATER SOURCE __ MUNICIPAL __ PRIVATE __ RURAL		SEWER SYSTEM __ MUNICIPAL __ PRIVATE	

FOR EACH OF THE FOLLOWING, PROVIDE ALL DETAILS AS THEY PERTAIN TO THIS FOOD ESTABLISHMENT. USE ADDITIONAL PAGES IF NECESSARY.

- NUMBER OF FOOD EMPLOYEES. IF 10 OR MORE, PROVIDE DOCUMENTATION OF CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION FOR ALL PERSONS THAT WILL SERVE AS A PERSON IN CHARGE.
- PROVIDE DOCUMENTATION SHOWING ALL MANAGERS AND SUPERVISORS HAVE COMPLETED AN APPROVED FOOD EDUCATION COURSE.
- DETAILED LIST OF ALL RAW ANIMAL FOODS THAT WILL BE SERVED. INCLUDE METHOD OF SERVICE (I.E. COOKED, RAW, PARTIALLY COOKED).
- DETAIL FOODS THAT WILL BE SUBJECT TO COOLING, REHEATING, HOT OR COLD HOLDING, FREEZING OR THAWING.
- DETAIL LOCATION FOODS WILL BE SERVED (I.E. ON PREMISES, DELIVERED, CATERED OR PACKAGED).
- DETAIL SPECIAL PROCESSES (I.E. REDUCED OXYGEN PACKAGING, SMOKING, CURING, ACIDIFICATION OF TCS FOOD, CUSTOM PROCESSING OF GAME ANIMALS, SPROUTING SEEDS OR BEANS, ETC).
- WILL BEVERAGES CONTAINING ALCOHOL WILL BE SERVED? IF YES, DETAIL DATES FOR COMPLETION OF RESPONSIBLE BEVERAGE SERVER TRAINING FOR EMPLOYEES.
- OTHER RELEVANT MENU INFORMATION.

OWNER INFORMATION:

NAME OF PERSON COMPLETING APPLICATION		PHONE NUMBER OF PERSON COMPLETING APPLICATION	
ADDRESS	CITY	STATE	ZIP CODE
NAME OF OWNER. DETAIL WHETHER OWNER IS AN INDIVIDUAL, CORPORATION, PARTNERSHIP OR OTHER LEGAL ENTITY. IF OWNER IS ANYTHING OTHER THAN AN INDIVIDUAL, PROVIDE NAMES, TITLES AND ADDRESSES OF ALL OWNERS, OFFICERS AND THE LOCAL RESIDENT AGENT (IF ONE IS REQUIRED BY LAW). USE ADDITIONAL PAGES AS NECESSARY.			
MAILING ADDRESS OF OWNER	CITY	STATE	ZIP CODE
NAME AND TITLE OF PERSON DIRECTLY RESPONSIBLE FOR OPERATIONS IN THE ESTABLISHMENT. IF NOT ALREADY PROVIDED ELSEWHERE, PROVIDE ADDRESS AND PHONE NUMBER FOR THIS PERSON.			

ESTABLISHMENT LICENSE FEE WILL BE DETERMINED BY FDHU AFTER REVIEW OF APPLICATION.

APPLICATION MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL BE REJECTED.

FOR NEW CONSTRUCTION, PROVIDE DOCUMENTATION OF CODE COMPLIANCE FOR ANY PLUMBING OR ELECTRICAL INSTALLATION.

FDHU SHALL BE NOTIFIED IMMEDIATELY IF ANY SPECIFICATIONS CONTAINED HEREIN PERTAINING TO THIS ESTABLISHMENT ARE CHANGED.

FOOD ESTABLISHMENTS MAY NOT BEGIN ANY OPERATIONS PRIOR TO ISSUANCE OF A LICENSE BY FDHU.

SUBMIT COMPLETED APPLICATION TO:

**FIRST DISTRICT HEALTH UNIT
801 11TH AVE SW
MINOT ND 58701**

FOR OFFICE USE ONLY

ASSIGNED RISK LEVEL: _____
<u>PAYMENT INFORMATION</u>
AMOUNT: _____
DATE RECEIVED: _____
CASH ___ CHECK# _____ CC

I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. I AFFIRM THAT BY SUBMITTING THIS APPLICATION I AGREE TO OPERATE THE NAMED FOOD ESTABLISHMENT IN COMPLIANCE WITH THE MOST CURRENT VERSION OF THE *FDHU REQUIREMENTS FOR FOOD AND BEVERAGE ESTABLISHMENTS* AND THAT FDHU SHALL HAVE UNRESTRICTED ACCESS TO THE ENTIRE PREMISES OF THE NAMED ESTABLISHMENT, INCLUDING ANY PERTINENT RECORDS, DURING ANY AND ALL TIMES THAT FOOD IS PRESENT IN OR BEING HANDLED IN THE NAMED ESTABLISHMENT.

SIGNATURE OF PERSON APPLYING FOR PERMIT DATE

EHP APPROVAL DATE