

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268
 MINOT, ND 58702-1268
 PHONE (701) 852-1376 FAX (701) 852-5043

2019 TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

NAME OF ESTABLISHMENT	NAME OF OWNER		
ESTABLISHMENT ADDRESS	CITY	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT PHONE NUMBER	OWNER PHONE NUMBER		
ESTABLISHMENT EMAIL ADDRESS	NAME AND DATES OF EVENTS (EX. STATE FAIR, HOSTFEST)		
<input type="checkbox"/> IF SERVING TCS FOODS, PROVIDE DOCUMENTATION SHOWING ALL FOOD EMPLOYEES HAVE COMPLETED AN APPROVED FOOD EDUCATION COURSE.			\$30.00
<input type="checkbox"/> DETAILED LIST OF ALL RAW ANIMAL FOODS THAT WILL BE SERVED. INCLUDE METHOD OF SERVICE (I.E. COOKED, RAW, AND PARTIALLY COOKED).			
<input type="checkbox"/> DETAIL FOODS THAT WILL BE SUBJECT TO COOLING, REHEATING, HOT OR COLD HOLDING, FREEZING OR THAWING			
SAMPLING			
TEMPORARY FOOD LICENSE: FEE WILL BE DETERMINED BY FDHU AFTER REVIEW OF APPLICATION.			

APPLICATION MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

IF ANY CHANGES ARE MADE TO ANY OF THE ITEMS ABOVE, NOTIFY THIS OFFICE IMMEDIATELY.

FOOD ESTABLISHMENTS MAY NOT OPERATE UNTIL THIS LICENSE APPLICATION HAS BEEN REVIEWED AND APPROVED.

MAIL COMPLETED APPLICATION AND FEE TO:
FIRST DISTRICT HEALTH UNIT
PO BOX 1268
MINOT, ND 58701

I HEREBY AGREE TO OPERATE THE ABOVE NAMED FOOD ESTABLISHMENT IN COMPLETE AND TOTAL ACCORDANCE WITH ALL REQUIREMENTS FOUND IN THE FIRST DISTRICT HEALTH UNIT REQUIREMENTS FOR FOOD AND BEVERAGE ESTABLISHMENTS; AND DO UNDERSTAND THAT FAILING TO DO SO CAN RESULT IN LOSS OF LICENSE TO OPERATE THE ABOVE NAMED ESTABLISHMENT.

 SIGNATURE OF LICENSEHOLDER DATE

 EHP APPROVAL DATE