

MOBILE FOOD UNIT LICENSE APPLICATION INSTRUCTIONS

1. No license will be issued until a pre-opening inspection is conducted, and the mobile food unit is in compliance.
2. Fill out the application completely. An incomplete application cannot be processed and will be returned to the sender which may delay the review and result in the denial of licensure.
3. **A plan review and approval are required for new construction of a mobile food unit or extensive remodel, conversion, or renovation of an existing mobile food unit.** When applicable, complete **Section 3: Plan Review Checklist** found on page 3 and submit with the license application at least **30 days prior** to beginning construction. Construction standards for a mobile food unit are available in the [Mobile Food Unit Plan Review Manual](#).
4. Within 3 – 5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine license fee payment based on the set fee schedule
5. HHS will only conduct the plan review after payment of the required license fee is received. Following payment, allow up to **30 calendar days** for review. Written notice confirming approval of plans or detailing revisions needed will be communicated within this timeframe.
6. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify the HHS of any changes made to the plan layout, equipment, process flow, or submitted documents.
7. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by the HHS. In addition, the following agencies should be contacted for any necessary approvals/certifications (as applicable). * Required documentation must be submitted to the HHS prior to final license approval, including but not limited to:
 - City or County Contact your city or county for permitting requirements to approve location.
 - ND Secretary of State Register your business at sos.nd.gov/business/business-services or call 701-328-2900.
 - ND State Tax Commissioner Apply for state tax ID number at nd.gov/tax/user/businesses or call 701-328-1241.
 - ND Attorney General Apply for a liquor license at attorneygeneral.nd.gov or call 701-328-2210.
 - ND State Fire Marshal Request a fire inspection from the state or local fire authority at attorneygeneral.nd.gov or call 701-328-5555.
 - ***ND State Plumbing Board** Request a plumbing certification or proof of licensed installation at ndplumbingboard.com or call 701-328-9977.
 - ***ND State Electrical Board** Request an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522.
8. Proceed to **Section 3** on the next page, complete the **Plan Review Checklist**, and enclose with application and requested documents.

For questions or assistance, please contact the Southwestern District Health Unit at (701) 483-0171 or 1(866) 483- 3050

MOBILE FOOD UNIT LICENSE APPLICATION PLAN REVIEW CHECKLIST

Requirements provided in this document are consistent with North Dakota Century Code 23-09 and the North Dakota Food Code (Administrative Code 33-33-04.1). The ND Food Code is based on the 2013 FDA Model Food Code (<https://www.fda.gov/food/fda-food-code/food-code-2013>) and contains requirements for protecting public health and ensuring food is safe and honestly presented.

| CONSTRUCTION, REMODEL, CONVERSION, OR RENOVATION ESTIMATED DATES | | |
|--|-----------------------------------|----------------|
| Project Planned Start Date | Estimated Project Completion Date | |
| COMMISSARY / SERVICING AREA INFORMATION (Location to which a mobile food unit returns for services such as cleaning, waste discharge, storage of food or supplies.) | | |
| <input type="checkbox"/> No Commissary / Servicing Area | | |
| <input type="checkbox"/> Use of a Commissary / Servicing Area owned by the same company or individual as the mobile food unit. | Facility Name | License Number |
| | Commissary Physical Address | |
| <input type="checkbox"/> Use of a shared commercial kitchen Commissary / Servicing Area which is under different ownership. * | Facility Name | License Number |
| | Commissary Physical Address | |
| *Submit a copy of the written commissary agreement and a copy of the commissary license. | | |
| RECORD OF LICENSURE AND PLAN REVIEW HISTORY | | |
| <input type="checkbox"/> A plan review has previously been submitted and approved by a local health department or another state health department. * | Agency Name | |
| | Agency City and State | |
| *Provide a copy of the plan approval, the preoperational inspection report, current license, and most recent inspection report if available. Complete only pages 1 through 3A – 3C. | | |

A. Attach a proposed menu or list of food and beverages to be offered.

B. Submit a floor plan drawing (8.5 X 11 to scale) of the mobile food unit showing the following:

- Identify the locations of entrances, food service window(s), window screens, food preparation areas, customer self-service and seating areas, storage areas, describe off-site storage locations, toilet facilities, employee personal storage areas, and chemical supply storage.
- Label the location and dimensions of handwashing sinks and dishwashing sinks. All sinks shall be located to prevent cross-contamination.
- Include the equipment list and equipment specification sheets, such as, heating, cooking, cooling, and service equipment with the common name (examples of equipment include refrigeration, freezers, hot-holding units, stovetops/grills, ovens, warmers, and fryers).
- Describe and label the location of all food storage (location and size).
- Describe the food-grade potable water tank (location and size) and the wastewater/grey water tanks (location and size). Wastewater/grey water tank must be at least 15% larger than the water supply tank.
- Describe the hot water heater (size and type).
- Provide the exhaust ventilation layout including location of hood, fire suppression equipment, and fire extinguisher, if applicable.
- Indicate if your mobile food unit will have equipment that may be exposed (unscreened) outer openings.

C. Hazard analysis and critical control point (HACCP) Plan Submittal (if applicable).

Submit a [HACCP Plan](#) and request a variance or waiver for special processes such as curing food, reduced oxygen packaging, cook-chill, sous vide, smoking for preservation not only for flavor, or using additives to preserve food not only as a flavor enhancement. See Page 6, “Specialized Processes” and [FDA Food Code Chapter 3](#).

D. Plan Review Checklist

- Complete **Section 3**, pages 4 – 10 and submit with application and requested documents.
- For questions about specifications, see the [Mobile Food Unit Plan Review Manual](#).

| | Y | N | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9. Thawing of TCS foods <ul style="list-style-type: none"> ○ Will be done under refrigeration at 41°F or below. ○ Will be done completely submerged under running water 70°F or below. ○ As part of the cooking process (such as microwave then immediate cooking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Cooking <ul style="list-style-type: none"> ○ Will all foods be cooked per Food Code requirements? ○ Is a thermometer or other temperature measuring device available to measure final cooking temperatures? <ul style="list-style-type: none"> ▪ If No: <ul style="list-style-type: none"> • Is a consumer advisory provided as required? • Indicate the foods which will be served undercooked/raw: <ul style="list-style-type: none"> <input type="checkbox"/> Eggs to order <input type="checkbox"/> Steaks <input type="checkbox"/> Hamburgers <input type="checkbox"/> Sushi <input type="checkbox"/> Other <input type="text"/> ○ Equipment (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Stovetop <input type="checkbox"/> Oven <input type="checkbox"/> Fryer <input type="checkbox"/> Broiler <input type="checkbox"/> Grill <input type="checkbox"/> Cook Top <input type="checkbox"/> Griddle <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Hot Holding <ul style="list-style-type: none"> ○ Will foods be cooked and then held until service (at >135°F)? <ul style="list-style-type: none"> ▪ If yes; indicate type and total number of hot holding units <input type="text"/> ○ Will customer self-service (buffet-style) be provided? ○ Will food items being hot held be saved for reuse or leftovers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Cold Holding <ul style="list-style-type: none"> ○ Will foods be prepared and then held until service (at 41°F or less)? ○ Will customer self-service (salad bar, buffet-style) be provided? ○ Will food items being cold held be saved for reuse or as leftovers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Cooling <ul style="list-style-type: none"> ○ Will TCS foods be cooled following preparation at room temperature, cooking, heating, or reheating? <p>If YES, select from the following methods used to cool food to 41°F within 6 hours (from 135° to 70°F in 2 hours and to 41°F within 4 hours):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shallow pans <input type="checkbox"/> Reduce volume <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <input type="checkbox"/> Ice baths <input type="checkbox"/> Rapid chill (ice wand, blast chiller) <input type="checkbox"/> Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Reheating <ul style="list-style-type: none"> ○ Will foods be reheated for immediate service (leftovers, prepackaged precooked food items)? ○ Will foods be reheated for hot holding (heated to 165°F for 15 seconds within 2 hours and then maintained at 135°F or higher)? ○ Will food items reheated for hot holding be saved for reuse or as leftovers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Specialized processes* <ul style="list-style-type: none"> ○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) ○ Curing, Brining, Fermenting ○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)? ○ Smoking (for food preservation) ○ Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*A Hazard Analysis Critical Control Point (HACCP) Plan or variance waiver request may be required.

FACILITY INFORMATION

Facility is a shared commercial kitchen that is currently approved
(If checked above, *Finish Schedule* and *Physical Facilities* Sections are not required; Skip to Page 8).

| | |
|------------------|--------------------------------|
| Name of Facility | License Number (if applicable) |
|------------------|--------------------------------|

FINISH SCHEDULE (Food Code Chapter 6)

16. Describe finish material for all floor, wall, ceiling coverings, countertops and food contact work surfaces (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

| ROOM/AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING |
|------------------------------------|-------|------------------------|-------|---------|
| Food Preparation/Kitchen | | | | |
| Dry Food Storage | | | | |
| Warewashing/Dishwashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |
| Mop/Service Sink | | | | |
| Garbage/Refuse Area | | | | |
| Toilet Rooms and Dressing Rooms | | | | |
| Other area: | | | | |

Provide the finish of the following

| | | |
|----------|-------------|----------|
| Cabinets | Countertops | Shelving |
|----------|-------------|----------|

| PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6) | Y | N | N/A | | | | | | | | | | | | | | | |
|--|--------|-------|-------|--|---|---|-----|---|--|--|--|--|--------|-------|-------|--|--|--|
| <p>17. Ventilation and Fire Suppression*</p> <ul style="list-style-type: none"> ○ Grease laden vapors will be produced during cooking? ** <input type="checkbox"/> ○ Exhaust hoods present over all cooking equipment? <input type="checkbox"/> <ul style="list-style-type: none"> ▪ If YES; Label location(s) of hoods on floor plan drawing. ○ Indicate the fire suppression or extinguishers located on-site: <ul style="list-style-type: none"> <input type="checkbox"/> 2A10BC extinguisher <input type="checkbox"/> Type K extinguisher <input type="checkbox"/> Fire suppression system <input type="checkbox"/> Other: <p>*Local regulations may govern ventilation and fire protection requirements. Submit a copy of the fire inspection report when available. **Grilling or frying activities which produce grease laden vapors require a hood AND fire suppression system, and a Class K fire extinguisher; ND Fire Code Chapter 3, Section 319 and ND Administrative Rule 10-07-01-04.</p> | | | | | | | | | | | | | | | | | | |
| <p>18. The power source is approved by the State Electrical Board. <input type="checkbox"/></p> <p>19. Location of light fixtures over food preparation areas are shatter-resistant or shielded; adequate lighting intensity shall be in accordance with Section 6-303.11 of the Food Code. <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
| <p>20. Handwashing Facilities</p> <ul style="list-style-type: none"> ○ Identify total number of the handwashing sinks _____ <p>All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.</p> <p>Handwashing signs are available while supplies last. Email foodandlodging@nd.gov or download at: hhs.nd.gov/foodandlodging</p> | | | | | | | | | | | | | | | | | | |
| <p>21. Warewashing/Dishwashing Facilities</p> <p>Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Y</th> <th style="width: 10%;">N</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Manual Dishwashing</td> <td></td> <td></td> <td></td> </tr> <tr> <td> <ul style="list-style-type: none"> ○ 3-compartment sink(s) dimensions: <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 33%;">Length</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Width</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Depth</td> </tr> </table> ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <ul style="list-style-type: none"> ▪ If NO, how will the cleaning and sanitizing of those large items be completed <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical, Type(s) (Chlorine, quat, iodine, etc.) <li style="text-align: right;">Test Strips on site? <input type="checkbox"/> -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature <li style="text-align: right;">Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Y | N | N/A | <input type="checkbox"/> Manual Dishwashing | | | | <ul style="list-style-type: none"> ○ 3-compartment sink(s) dimensions: <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 33%;">Length</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Width</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Depth</td> </tr> </table> ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <ul style="list-style-type: none"> ▪ If NO, how will the cleaning and sanitizing of those large items be completed <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical, Type(s) (Chlorine, quat, iodine, etc.) <li style="text-align: right;">Test Strips on site? <input type="checkbox"/> -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature <li style="text-align: right;">Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/> | Length | Width | Depth | | | |
| | Y | N | N/A | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Manual Dishwashing | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ○ 3-compartment sink(s) dimensions: <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 33%;">Length</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Width</td> <td style="border: 1px solid black; padding: 5px; width: 33%;">Depth</td> </tr> </table> ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <ul style="list-style-type: none"> ▪ If NO, how will the cleaning and sanitizing of those large items be completed <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical, Type(s) (Chlorine, quat, iodine, etc.) <li style="text-align: right;">Test Strips on site? <input type="checkbox"/> -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature <li style="text-align: right;">Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/> | Length | Width | Depth | | | | | | | | | | | | | | | |
| Length | Width | Depth | | | | | | | | | | | | | | | | |

| | Y | N | N/A |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Mechanical Dishwashing <ul style="list-style-type: none"> ○ Are the temperature and pressure gauges accurately working? ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical, Type(s) <input type="text"/> (Chlorine, quat, iodine, etc.) -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature <input type="text"/> <ul style="list-style-type: none"> Maximum temperature thermometer or temperature strips on site? Hot water booster present? Ventilation hood installed above the dishwasher? ○ Will clean in place need to be done for any equipment? <ul style="list-style-type: none"> ▪ If YES; list/describe kitchen equipment <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Is there adequate space provided for air drying dishes and utensils? <ul style="list-style-type: none"> ▪ Describe the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Water Supply <ul style="list-style-type: none"> ○ Is the water sourced from a public system? <ul style="list-style-type: none"> ▪ If YES; indicate the type: <input type="checkbox"/> municipal/city water <input type="checkbox"/> rural water ○ Is the water sourced from a private system (i.e., private well water)? <ul style="list-style-type: none"> ▪ If YES; a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing: https://deq.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ice <ul style="list-style-type: none"> ○ Will ice be purchased commercially? ○ Will an ice machine be used on-site for ice production? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Sewage Disposal <ul style="list-style-type: none"> ○ Is the sewage disposal through a public municipal/city system? ○ Is the sewage disposal through a private system? ○ Is the wastewater or grey water holding tank sized 15 percent larger in capacity than the water supply tank? <ul style="list-style-type: none"> ▪ Wastewater tank volume <input type="text"/> Water supply tank volume <input type="text"/> ○ Are grease traps/interceptors installed for the disposal system? <p>Sewage Disposal Wastewater or grease must be removed in such a manner that a public health hazard or nuisance is not created. Wastewater must be discharged into a sanitary sewage system. Dumping any wastewater onto the ground or storm sewer is not allowed.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Plumbing <ul style="list-style-type: none"> ○ Is all plumbing work installed to code? (Attach certificate or proof of licensed installation or provide explanation of "NO"): <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Y | N | N/A |
|--|--|--|--|
| 27. Restrooms <ul style="list-style-type: none"> ○ Toilet and hand washing facilities are available for MFU employees at the event or along the route of service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Employee Storage <ul style="list-style-type: none"> ○ Suitable area for storage of employee belongings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Poisonous or Toxic Materials (FDA Food Code Chapter 7) <ul style="list-style-type: none"> ○ Will only poisonous or toxic materials necessary for the operation of the establishment be allowed, be clearly labeled, and will they be stored to prevent contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Pest Control Management Program <ul style="list-style-type: none"> ○ Will all outside doors be insect and rodent proof? ○ Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? (If applicable select method of protection below) <ul style="list-style-type: none"> <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means ○ Is the area used for MFU storage clear of unnecessary brush, litter, and other harborage? ○ Will all pipes and electrical conduit chases be sealed to prevent pests? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 31. Refuse, Recyclables, and Returnables <ul style="list-style-type: none"> ○ Do all garbage or refuse containers have lids for when not in continuous use? ○ Will a dumpster(s) or compacter be used outside? <ul style="list-style-type: none"> ▪ If YES; Number <input type="text"/> Frequency of pick-up <input type="text"/> ○ How will refuse containers and floor mats be cleaned: <input type="text"/> ○ Will grease storage containers be stored on-site? <ul style="list-style-type: none"> ▪ If YES; describe location <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preoperational inspection of the establishment will be necessary to determine compliance with laws governing foodservice establishments and to determine the license approval prior to operation. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from the Food and Lodging Unit may void this submission for plans review.

| | |
|---------------------------------|-------------|
| Owner/Designee Signature | Date |
|---------------------------------|-------------|

For questions or assistance, please contact the Southwestern District Health Unit at (701) 483-0171 or 1(866) 483- 3050.

Submit to:

Southwestern District Health Unit
 528 21st St West
 Dickinson, ND 58601
 Fax 701-483-4097

| For Office Use Only |
|---------------------|
| Date received: |
| Rcpt #: |
| Check #: |
| \$ Amount: |

