

TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

Southwestern District Health Unit 528 21st St West Dickinson, ND 58601

TEMPORARY FOOD SERVICE ESTABLISHMENT BUSINESS INFORMATION				
Business Name				
Business Physical Address	City	ZIP Code	County	
Email Address		Business Telephone Number		
OWNER INF	FORMATION			
Owner Name				
Owner Mailing Address (if different from above)	City	State	ZIP Code	
Email Address (if different from above)		Owner Telephone Number		
PLANNED EVENTS	AND OPERATIONS	3		
Event Name or Description	Dates	City	County	
Event Name or Description	Dates	City	County	
Event Name or Description	Dates	City	County	
Event Name or Description	Dates	City	County	
COMMISSARY / SERVICING AREA (Location to which a temporary food service establishment returns for services such as cleaning, waste discharge, storage of food or supplies.)				
□ No Commissary / Servicing Area				
☐ Use of a Commissary / Servicing Area owned by the same company or individual as the temporary food service.			License Number	
	Commissary Physical Address			
☐ 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 <u>commissary agreement</u> and a copy of the commissary license.				

License fees will be determined by the SWDHU after review of the submitted application.

For questions call SWDHU 701-483-0171, 1-866-483-3050

		For Office Use Only
Submit to:	Southwestern District Health Unit	Date received:
	528 21st St West Dickinson, ND 58601	Rcpt #:
Fax 701-483-4097	Check#:	
	rax 701-465-4097	\$ Amount:

The undersigned is familiar with the North Dakota Century code Chapter 23-09 relating to Food Establishments and with Chapter 33-33-04.1 of the North Dakota Administrative Code dealing with sanitary inspection requirements for food establishments and certifies that the establishment for which the application is made will be operated in compliance with the requirements of the above-mentioned statute and rules.

Owner/Designee Signature	Date

Hand Washing				
Hand washing facilities are required. Choose one of the following methods: Temporary Handwashing Station. A gravity device supprunning water and a continuous flow faucet, soap, wast and paper towels. (Example drawing) A sink is available IN STAND with running water, soap towels and wastewater is plumbed for appropriate disc	ewater bucket, Continuous, Flow Spigot			
Water Supply	Bucket			
,	www.wastewater			
An adequate supply of potable water must be available for handwashing, sanitation, and cooking operations. Wastewater must be properly disposed down a sanitary sewer or approved septic system. Disposal by throwing or dumping the wastewater on the ground or into a storm sewer is NOT permitted.				
What is the source of water supply at the event?	What is the method of disposal for wastewater at the event?			
□ City or Public System □ Private Well	☐ City or Public System☐ Private System☐ Other:			
Food/Bever	rages Served			
sources: grocery stores, food supplies, or meat shops. Hon				
Hot & Co Hot Holding Equipment: (List & Describe) Hot, potentially ha	old Holding			
and held at 135°F or above. Crock pots are prohibited for c temperatures.	ooking. A thermometer must be available to verify			
Cold Holding Equipment: (List & Describe) Potentially hazardous foods must be held and delivered at 41°F or less. Mechanical refrigeration is required for events longer than 4 hours.				
Ware Washing				
Wash all dishes and utensils in warm, soapy water, rinse w water, sanitize for at least 1 minute, and air dry. Towel dryir prohibited. Choose one of the following methods: Temporary Dishwashing Station. Three (3) container/b system. Three (3) compartment sink located IN STAND with runwater and plumbed for appropriate discharge.	asin			