



Southwestern District Health Unit

528 16th St. West
Dickinson, North Dakota 58601
Telephone: (701) 483-0171
Toll Free: 1-866-483-3050

Public Health
Prevent. Promote. Protect.

Date:			
Paid:	<input type="checkbox"/>	Cash	
	<input type="checkbox"/>	CC	
	<input type="checkbox"/>	Check	# _____
Initials:	_____		

2026 Temporary Food Service License Application

The undersigned is familiar with North Dakota Century Code (NDCC) Chapter 23-09 – Lodging Establishments and Assisted Living Facilities, and with Chapter 33-33-04 of the North Dakota Administrative Code (NDAC) dealing with the sanitary requirements for food establishments.

The undersigned certifies that the facility for which application is made will be operated in compliance with the requirements of the above mentioned statute and rules.

(Failure to submit an application and fee as stated under NDCC 23-09-16 may result in legal action. Any person violating the provisions of this chapter may be charged with a Class - B misdemeanor.)

PLEASE PRINT LEGIBLY:

Name of Business/Operator		Date(s) of Operation	
Name of Owner		Telephone Number	
Mailing Address	City	State	Zip
E-Mail Address			
Name of Event	Location of Event	City and State	

LICENSE FEE: \$30.00 - Payable to SWDHU (Southwestern District Health Unit)

Return the application & fee to:

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

Seating Capacity

For Office Use Only

Date Received: _____

Rcpt #: _____

Check #: _____

CC/Date: _____

\$ Amount: _____

Recorded: _____

Signature of Owner/Manager Date