

# FIRST DISTRICT HEALTH UNIT

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

## CHILD CARE CENTER 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			ESTABLISHMENT FAX NUMBER	
WATER SOURCE MUNICIPAL      PRIVATE      RURAL		SEWER SYSTEM MUNICIPAL      PRIVATE		
DO YOU COOK OR PREPARE FOOD ONSITE? YES / NO		IF FOOD IS COOKED OFFSITE, WHERE IS IT PREPARED? _____		
IF THIS IS A CHANGE IN OWNERSHIP, PREVIOUS LICENSE NUMBER:	IF THIS IS A CHANGE IN OWNERSHIP, PREVIOUS NAME OF ESTABLISHMENT AND NAME OF PREVIOUS OWNER:			

PROVIDE DOCUMENTATION SHOWING ALL FOOD HANDLERS HAVE COMPLETED AN APPROVED FOOD EDUCATION COURSE.

IF 10 OR MORE FOOD HANDLERS, PROVIDE DOCUMENTATION OF CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION FOR ALL PERSONS THAT WILL SERVE AS A PERSON IN CHARGE.

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

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

**FOR NEW CONSTRUCTION, YOU MUST SUBMIT A PLUMBING CERTIFICATE AND ELECTRICAL CERTIFICATE WITH THIS APPLICATION**

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

