FIRST DISTRICT HEALTH UNIT

801 11TH 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		SEWER SYSTEM			
MUNICIPAL PRIVATE RURAL		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 CHANG PREVIOUS OWNER:	F THIS IS A CHANGE IN OWNERSHIP, PREVIOUS NAME OF ESTABLISHMENT AND NAME OF PREVIOUS OWNER:			

☐ PROVIDE DOCUMENTATION	SHOWING ALL FOOD HANDL	ERS HAVE COMPLETED	AN APPROVED FOOD	EDUCATION
COURSE				

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.

[☐] 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.

MAIL COMPLETED APPLICATION TO:		ASSIGNED RISK LEVEL:			
FIRST DISTRICT HEALTH UNIT		PAYMENT INFORMATION			
PO BOX 1268 MINOT ND 58701		AMOUNT: DATE RECEIVED:			
I HEREBY AGREE TO OPERATE THE ABOVE NAME FACILITY IN ACCORDANCE WITH ALL REQUIREMENTHE FIRST DISTRICT HEALTH UNIT "REQUIREMEN AND BEVERAGE ESTABLISHMENTS"; AND "RULES REQUIREMENTS FOR FACILITIES" AND DO UNDER FAILING TO DO SO CAN RESULT IN THE LOSS OF OPERATE THE ABOVE NAMED CHILD CARE FACIL	CASH CHECK# CC				
SIGNATURE OF LICENSEHOLDER	DATE				
EHP APPROVAL	DATE				