



FOOD ESTABLISHMENT LICENSE APPLICATION AND PLAN REVIEW

New Business/Change in Ownership	
<input type="checkbox"/> New business/newly built establishment or new construction	
<input type="checkbox"/> Change in ownership of an existing, previously licensed establishment and no remodel	
<input type="checkbox"/> Change in ownership or existing owner with extensive remodel, renovation, or converted use	
Previous Establishment Name	Previous Owner Name
Intended date of opening or when changes will go into effect:	
Food Establishment Information	
Establishment Name	
Establishment Physical Address	Establishment Mailing Address
Email Address	Establishment Telephone Number
Owner Information	
Owner Name	Owner Mailing Address
Email Address	Owner Telephone Number
Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	
If the owner is anything other than an individual, provide names, titles, and addresses of all owners, officers, and the local resident agent (if required by law).	
Food Establishment License Type	
Please describe the type of facility you plan to operate below (i.e. restaurant, bar, grocery store, etc.).	
Total Square Footage:	Seating Capacity: _____ seats
Days/Months of Operation: Hours of Operation:	<input type="checkbox"/> Alcoholic beverages/liquor sales

PROJECT INFORMATION

Construction, Remodel, Conversion, or Renovation Estimated Dates	
Project Start Date	Estimated Project Completion Date
Point of Contact/Person Directly Responsible for Establishment	
Point of Contact	Mailing Address
Email Address	Telephone Number
<input type="checkbox"/> Use of shared commercial kitchen	Name and Location of Facility

PLAN REVIEW ATTACHMENTS

Applicants must submit the following attachments. Incomplete plans will not be accepted until all information is received.

- A proposed menu or detailed list of food and beverages to be offered.**
- A floor plan drawing (8.5 X 11 to scale minimum) showing the following:**
 - Identify the location of all entrances, exits, exposed outer openings, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, garbage room, and exposed outer openings (i.e., retractable doors).
 - Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks.
 - Label the location of all food storage, heating, cooling, and service equipment with the common name.
 - Provide exhaust ventilation layout, including location of hood, and fire suppression equipment, if applicable.
- Include equipment list (manufacturers, model, etc.).**
- Complete Plan Review Checklist on pages 3 through 6.**
- Variance request and Hazard Analysis and Critical Control Point (HACCP) plan submittal (if applicable).**
 - Submit a request for a variance if establishment will be using 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.
 - Submit a HACCP Plan for each special process.

POLICY FOR COMPLETING APPLICATION AND PLAN REVIEW DOCUMENTS

1. No license will be issued until a pre-opening inspection of the food establishment is conducted and the food establishment is determined to be in compliance with First District Health Unit Requirements for Food and Beverage Establishments. All fees must be paid prior to issuing a license.
2. **Application must be filled out completely.** Incomplete applications will be rejected and returned to sender which may delay the review and result in the denial of licensure.
3. Within 3-5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine the license fee payment based on the set fee schedule. Allow up to **30 calendar days** for review. Written notice confirming approval of plans or detailing revisions will be communicated within this timeframe.
4. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify FDHU of any changes made to the plans and specifications.
5. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by FDHU. In addition, the following agencies can be contacted for any necessary approvals/certifications (as applicable). Required documentation must be submitted to FDHU prior to final license approval, including but not limited to:

Local Building Code Authority	Contact your city or county for a building permit, building inspection, or certificate of occupancy.
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 ID tax 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.

For questions or assistance, contact the Environmental Health Division at 701-852-1376 or email firstdistrict@nd.gov.

Requirements provided in this document are consistent with First District Health Unit Requirements for Food and Beverage Establishments. FDHU Requirements for Food and Beverage Establishments is based on the 2022 FDA Model Food Code and contains requirements for protecting public health and ensuring food is safe and honestly presented.

PLAN REVIEW CHECKLIST

Complete all information as thoroughly as possible. Missing or incomplete information may delay the plan review and approval process.

EMPLOYEE HEALTH AND PERSONAL HYGIENE

EMPLOYEE TRAINING

All food employees are required to take and pass an approved food safety education course within 30 days of hire. All management and supervisory employees shall take and pass an approved food safety course prior to performing any duties in any food establishment.

Provide documentation showing that all managers and supervisors have taken an approved food safety education course or will have this completed prior to the pre-opening inspection.

A Certified Food Protection Manager is required for a food establishment with 10 or more food employees. If applicable, **provide documentation**.

EMPLOYEE HEALTH POLICY

Attach copy of employee health policy that includes symptoms that require exclusion or restriction from working with food and reportable diagnoses that require the Person in Charge to report to the Regulatory Authority and receive approval before employee returns to work.

Check box if establishment requests copy to be provided by the Department.

FOOD SOURCE, STORAGE/DISPLAY, AND PROCESSES

FOOD SOURCE (*Cottage foods and foods made in unlicensed establishments are prohibited.*)

All food supplies must be from inspected and approved sources. Provide names of food supplier(s), delivery company, etc.:

FOOD STORAGE/DISPLAY

Identify any locations and equipment where food will be stored on the floor plan. Food contact equipment, single-service items including packaging, and foods must be protected from contamination by storing in a clean, dry container, where it is not exposed to splash, dust, or other contamination and at least 6 inches off the floor.

Description of off-site (remote) storage locations (if applicable):

DAILY VOLUME

How many meals do you anticipate on serving per day?

Breakfast:

Lunch:

Dinner:

FOOD SOURCE, STORAGE/DISPLAY, AND PROCESSES (CONTINUED)

SERVICE METHODS

Check all that apply.

- Counter service Self service Table service Delivery Catering

If delivering or catering, list all equipment used to protect food from contamination and maintain product temperature during:

- Hot and cold holding:

- Transportation:

Will this establishment prepare and provide food for a facility that serves a highly susceptible population (ie. childcare centers, preschools, assisted living)? Yes No

FOOD PROCESSES

Select all applicable types of Temperature Control for Safety foods (TCS) that will be stored, prepared, served, and sold:

- | | |
|--|--|
| <input type="checkbox"/> Meat, poultry, or fish | <input type="checkbox"/> Hot foods (soups, stews, casseroles) |
| <input type="checkbox"/> Cold foods (salads, sandwiches, vegetables) | <input type="checkbox"/> Bakery goods (pies, custards, creams) |
| <input type="checkbox"/> Shellfish or seafood | <input type="checkbox"/> Other TCS Foods: |

Cooking

All food must be cooked per Food Code Requirements.

- If processes require alternate methods, a consumer advisory is required. **Attach menu notation, placard, or label of the consumer advisories if you serve any of the following:**
 - Wild mushrooms
 - Unpasteurized juices
 - Raw/undercooked animal foods such as beef, pork, lamb, shell eggs, poultry, seafood, and shellfish.

Equipment (check all that apply):

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <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: |

Hot holding

List foods that will be cooked and held hot until service at >135°F:

Type and number of hot holding units:

Cold holding

List foods that will be prepared and then held until service at 41°F or less:

Type and number of cold holding units:

Temperature Measuring Devices

- Thermometers in all cold-hold units.
 Thermometers on site for measuring final cook temperatures, monitoring cooling and reheating, etc.

Type:

Method of sanitization between use:

FOOD SOURCE, STORAGE/DISPLAY, AND PROCESSES (CONTINUED)

FOOD PROCESSES (CONTINUED)

Cooling

List TCS foods that will be cooled following preparation at room temperature, cooking, heating or reheating:

Select from the following methods used to cool food to 41°F within 6 hours (from 135°F to 70°F in 2 hours and 70°F to 41°F within 4 hours):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Shallow Pans | <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) | <input type="checkbox"/> Rapid chill |
| <input type="checkbox"/> Reduce Volume | <input type="checkbox"/> Rapid chill (ice wand, blast chiller) | <input type="checkbox"/> Other: |

Reheating

List foods to be reheated for immediate service (leftovers, prepackaged precooked food items):

List foods to be reheated for hot holding:

Specialized Processes

Using specialized processes in a food establishment will require a Hazard Analysis Critical Control Point (HACCP) Plan and a variance waiver request. These processes include:

- 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)

FACILITY INFORMATION

If the facility is a shared commercial kitchen that is currently approved, this section is not required.

FINISH SCHEDULE

Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved molding, etc. Label each area on the floor plan. Indicate areas not applicable as N/A.

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

VENTILATION AND FIRE SUPPRESSION	
Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings. Label locations of exhaust hoods on floor plan drawing.	
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.	
Submit a copy of the fire inspection report.	
WATER SUPPLY	SEWER SYSTEM
<input type="checkbox"/> Municipal <input type="checkbox"/> Rural <input type="checkbox"/> Private	<input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Grease traps/interceptors installed
SOLID WASTE MANAGEMENT	
<input type="checkbox"/> Establishment will use own dumpster or other adequate waste receptacle. <input type="checkbox"/> Establishment will use a shared dumpster.	
Service provider:	Frequency of pickup:
Method of grease disposal (if applicable):	

STATEMENT OF UNDERSTANDING

<p>I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND PLAN REVIEW IS ACCURATE. I AFFIRM THAT BY SUBMITTING THIS APPLICATION I AGREE TO OPERATE THE NAMED FOOD ESTABLISHMENT IN COMPLIANCE WITH THE MOST CURRENT VERSION OF THE <i>FDHU REQUIREMENTS FOR FOOD ESTABLISHMENTS</i> AND THAT FDHU SHALL HAVE UNRESTRICTED ACCESS TO THE ENTIRE PREMISES OF THE NAMED ESTABLISHMENT, INCLUDING ANY PERTINENT RECORDS, DURING ANY AND ALL TIMES THAT FOOD IS PRESENT IN OR BEING HANDLED IN THE NAMED ESTABLISHMENT.</p>		
_____ APPLICANT SIGNATURE	_____ TITLE	_____ DATE

SUBMIT COMPLETED APPLICATION AND PLAN REVIEW TO: FIRST DISTRICT HEALTH UNIT FAX: (701) 852-5043
801 11TH AVE SW
MINOT ND 58701

Notify this office immediately if any changes are made to the any of the above items. First District Health Licenses are issued for the calendar year, are non-refundable, and are non-transferable.

FOR OFFICE USE ONLY				
EHP Assigned	Establishment Type	Risk Level	Fee Amount	Permit No.
Application and Plan Review Approved By:				
_____ EHP Signature			_____ Date	
PAYMENT INFORMATION				
Fee Paid	Date Paid	Payment Method	Receipt No.	Received By