

TEMPORARY EVENT AND SAMPLING LICENSE APPLICATION

FIRST DISTRICT HEALTH UNIT 801 11TH AVE SW – PO BOX 1268 MINOT ND 58702-1268 PHONE (701) 852-1376 FAX (701) 852-5043

For Office	Use	Only
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Assigned Risk Level:	
License #:	
Date paid:	

Establishment Information				
Establishment Name:				
Owner Name:				
Owner Mailing Address:				
Email Address:	Owner Telephone	e Number:		
Type of license needed: Temporary event Sampling				
Event Information				
Number of days the food establishment p	lans to operate within the FDHU 7 county ju	urisdiction:		
☐ Check box if establishment will be operating 14 days or more.				
Event Name	Location	Dates		
		+		
	Food Information			
List all foods being offered and describe preparation steps. Attach additional pages as needed.				
All foods must be obtained from approved sources. Identify food sources (i.e. name of grocery store).				

Requirements for Samp		
Food Safety Education – All food employees are required to take	e and pass an approved food safety course.	
☐ Verification Attached ☐ Not applicable *If need	ded, call FDHU inspector for clarification.	
Water Systems Utilized – Indicate water source/wastewater (see	wage) disposal (if applicable).	
Water supply source:	Size of holding tank:	
Wastewater (sewage) disposal method:	Size of holding tank:	
Handwashing Facility – Required if handling unpackaged food. F	ood handlers must wash hands for 20 seconds.	
☐ Not applicable	ng, potable water Soap Paper towels	
Warewashing/Sanitizer – Wash utensils in warm, soapy water, r	rinse, sanitize, air dry. No towel drying.	
☐ Not applicable ☐ 3-Bucket system ☐ 3-Compartment si	nk Other:	
Sanitizer type: Test strips available	le	
Cold Holding – TCS Foods must be held at 41°F or below. List col	ld holding equipment	
Thermometers Thermometers in all cold hold units	Cold hold units set to 41°F or below	
Thermometers accessible to check food temperatures	☐ Not applicable	
Food Handling – Gloves, utensils, tissue paper, etc. will be used		
FDHU's Requirements for Food and Beverage Establishments –	Review most current Food Code for all requirements.	
LICENSE EXPIRES DECI	EMBER 31 ST OF EACH YEAR.	
SUBMIT COMPLETED APPLICATION TO:	I ATTEST THAT ALL INFORMATION PROVIDED ON THIS	
FIRST DISTRICT HEALTH UNIT 801 11 TH AVE SW MINOT ND 58701	APPLICATION IS ACCURATE. I AFFIRM THAT BY SUBMITTING THAPPLICATION I AGREE TO OPERATE THE NAMED FOOD ESTABLISHMENT IN COMPLIANCE WITH THE MOST CURRENT VERSION OF THE FDHU REQUIREMENTS FOR FOOD ESTABLISHMENTS AND THAT FDHU SHALL HAVE UNRESTRICTE ACCESS TO THE ENTIRE PREMISES OF THE NAMED ESTABLISHMENT, INCLUDING ANY PERTINENT RECORDS, DURI ANY AND ALL TIMES THAT FOOD IS PRESENT IN OR BEING HANDLED IN THE NAMED ESTABLISHMENT.	
	SIGNATURE OF PERSON APPLYING FOR PERMIT DATE	

EHP APPROVAL

DATE