



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

Assigned Risk Level:
License #:
Date paid:

Establishment Information

Establishment Name:	
Owner Name:	
Owner Mailing Address:	
Email Address:	Owner Telephone Number:
Type of license needed: <input type="checkbox"/> Temporary event <input type="checkbox"/> Sampling	

Event Information

Number of days the food establishment plans to operate within the FDHU 7 county jurisdiction:

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).

