FIRST DISTRICT HEALTH UNIT | ENVIRONMENTAL HEALTH DIVISION
801 11TH AVE SW | MINOT, ND 58701
PHONE 701-852-1376
REVISED APRIL 2025

PRODUCE GROWER APPLICATION AND PLAN REVIEW

Establishment Information	
Operating Name	
Physical Address	Mailing Address
Email Address	Establishment Telephone Number
Days/Months of Operation	Hours of Operation
Water Source **Testing requirement for Private Source* --- Municipal --- Private --- Rural	Sewer System --- Municipal --- Private
Owner Information	
Owner Name	Owner Mailing Address
Email Address	Owner Telephone Number
Ownership Type: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ 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).	

Notify this office immediately if any changes are made to any of the above items.

PLAN REVIEW ATTACHMENTS

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

☐ **Documentation of all SOP's (Standard Operating Procedures).**

☐ **Documentation of all GAP's (Good Agricultural Practices) and self-auditing procedures.**

☐ **Provide documentation of all record-keeping that includes identification of cutting or seed origin and the receipts of produce from this operation.**

☐ **Attach a map of all growing areas, including any possible sources of contamination within ¼ mile.**

☐ **A floor plan drawing (8.5 X 11 to scale minimum) showing the following:**

- Identify the location of all entrances, exits, exposed outer openings, 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, and mop or utility sinks.
- Label the location of all equipment with the common name.

☐ **Include equipment list (manufacturers, model, etc.).**

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.

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 plan 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:

Local Building Code Authority	Contact the city or county for a building permit, building inspection, and/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 electrical certificate/proof of licensed installation at ndseb.com or call 701-328-9522.

STATEMENT OF UNDERSTANDING

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 *FDHU REQUIREMENTS FOR FOOD ESTABLISHMENTS* 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.

APPLICANT SIGNATURE **TITLE** **DATE**

First District Health Licenses are issued for the calendar year, are non-refundable, and are non-transferable.

SUBMIT COMPLETED APPLICATION AND PLAN REVIEW TO:

FIRST DISTRICT HEALTH UNIT
801 11TH AVE SW
MINOT, ND 58701

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