FIRST DISTRICT HEALTH UNIT | ENVIRONMENTAL HEALTH DIVISION
801 11TH AVE SW | MINOT, ND 58701
PHONE 701-852-1376
REVISED NOVEMBER 2024

TEMPORARY EVENT AND SAMPLING LICENSE APPLICATION

Establishment Information	
Establishment Name	
Owner Name	Owner Mailing Address
Email Address	Owner Telephone Number

Type of license needed: ☐ Temporary event ☐ Sampling

"**Sampling**" means a food establishment operation in which food is distributed to individuals by offering small portions of a food item that include as a main ingredient a product sold by the vendor. A sampling license is required if food is TCS and/or removed from package and offered to the public on premises. **Note: only foods with minimal on-site preparation are allowed to be offered under a sampling license (ex. cut fruits and vegetables, beverages, non-TCS foods, and TCS foods that do not require cooking, cooling or reheating).**

"**Temporary Food Establishment**" means a food establishment operation that operates at a fixed location for a period of time of not more than 14 consecutive days in conjunction with a single event or function.

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).

Requirements for Sampling and Temporary Events

Food Safety Education – All food employees are required to take and pass an approved food safety course.

☐ Verification Attached ☐ Not applicable *If needed, call FDHU inspector for clarification.

Water, Wastewater, and Refuse – Indicate water source, wastewater disposal methods, and refuse containers used for food preparation/service, handwashing and the cleaning of food-contact surfaces.

Water supply source: _____

☐ Not Applicable

Wastewater disposal method*: _____

☐ Not Applicable

Refuse or garbage:

☐ Dumpster provided by event host

☐ All containers have lids for when not in continuous use

**Wastewater must be discharged into a sanitary sewage system. Dumping any wastewater onto the ground or storm sewer is not allowed.*

Handwashing Facility – Required if handling unpackaged food.

☐ Not applicable If applicable, supplies include: ☐ Running, potable water ☐ Soap ☐ Paper towels

Warewashing/Sanitizer – Wash utensils in warm, soapy water, rinse, sanitize, air dry. No towel drying.

☐ Not applicable ☐ 3-Bucket system ☐ 3-Compartment sink ☐ Other: _____

Sanitizer type: _____ ☐ Test strips available

Cold Holding – TCS Foods must be held at 41°F or below. List cold 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. shall be used to prevent bare hand contact with ready to eat food.

FDHU's Requirements for Food and Beverage Establishments – Review most current Food Code for all requirements.

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**

SUBMIT COMPLETED APPLICATION TO:

FIRST DISTRICT HEALTH UNIT
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	Fee Amount	Permit No.

Application Approved By:

_____ _____

EHP Signature **Date**

PAYMENT INFORMATION				
Fee Paid	Date Paid	Payment Method	Receipt No.	Received By