

FOR OFFICE USE
Date Received
Amount Received
CC, Cash, MO, Check #

TEMPORARY FOOD SERVICE ESTABLISHMENT BUSINESS INFORMATION				
Business Name				
Business Physical Address	City	ZIP Code	County	
Email Address		Business Telephone Number		
OWNER INFORMATION				
Owner Name				
Owner Mailing Address (if different from above)	City	State	ZIP Code	
Email Address (if different from above)		Owner Telephone Number		
PLANNED EVENTS AND OPERATIONS				
Event Name or Description	Dates	City	County	
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COMMISSARY / SERVICING AREA (Location to which a temporary food service establishment returns for services such as cleaning, waste discharge, storage of food or supplies.)				
□ No Commissary / Servicing Area				
☐ Use of a Commissary / Servicing Area owned by the same company or individual as the temporary food service.	Facility Name		License Number	
	Commissary Physical Address			
☐ Use of a shared commercial kitchen Commissary / Servicing Area which is under different ownership. *	Facility Name License Number			
	Commissary Physical Address			
*Submit a copy of the written <u>commissary agreement</u> and a copy of the commissary license.				

License Fees are available at hhs.nd.gov/FoodandLodging. License fees will be determined by the HHS after review of the submitted application. For questions call the Food and Lodging Office at 701-328-1291. Before operating this establishment, you must contact the Secretary of State at 701-328-4284.

ND Health and Human Services Email: foodandlodging@nd.gov Submit by mail, email, or fax:

Food and Lodging Unit -or-

> 1720 Burlington Dr, Suite A Fax: 701-328-0340

Bismarck, ND 58504-7736

The undersigned is familiar with the North Dakota Century code Chapter 23-09 relating to Food Establishments and with Chapter 33-33-04.1 of the North Dakota Administrative Code dealing with sanitary inspection requirements for food establishments and certifies that the establishment for which the application is made will be operated in compliance with the requirements of the above-mentioned statute and rules.

Owner/Designee Signature	Date

Hand Washing				
Hand washing facilities are required. Choose one of the following methods:  Temporary Handwashing Station. A gravity device supprunning water and a continuous flow faucet, soap, wast and paper towels. (Example drawing)  A sink is available IN STAND with running water, soap towels and wastewater is plumbed for appropriate disc	ewater bucket, Continuous, Flow Spigot 0			
Water Supply & Wastewater				
An adequate supply of potable water must be available for handwashing, sanitation, and cooking operations.  Wastewater must be properly disposed down a sanitary sewer or approved septic system. Disposal by throwing or dumping the wastewater on the ground or into a storm sewer is NOT permitted.				
What is the source of water supply at the event?  ☐ City or Public System ☐ Private Well	What is the method of disposal for wastewater at the event?  ☐ City or Public System  ☐ Private System  ☐ Other:			
Food/Bevel	rages Served			
List all items on the menu. Identify source (ex. Name of grocery store). All foods must be obtained from approved sources: grocery stores, food supplies, or meat shops. Home prepared foods are NOT permitted.				
Hot & Co	ld Holding			
Hot Holding Equipment: (List & Describe) Hot, potentially hazardous foods must be cooked to the proper temperature and held at 135°F or above. Crock pots are prohibited for cooking. A thermometer must be available to verify temperatures.				
Cold Holding Equipment: (List & Describe) Potentially hazardous foods must be held and delivered at 41°F or less. Mechanical refrigeration is required for events longer than 4 hours.				
Ware Washing				
Wash all dishes and utensils in warm, soapy water, rinse w water, sanitize for at least 1 minute, and air dry. Towel dryir prohibited. Choose one of the following methods:  Temporary Dishwashing Station. Three (3) container/b system. Three (3) compartment sink located IN STAND with runwater and plumbed for appropriate discharge.	asin			