



MOBILE FOOD UNIT LICENSE APPLICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 FOOD AND LODGING UNIT
 SFN 19383 (07-2024)

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

SECTION 1: MOBILE FOOD UNIT OWNER INFORMATION

Check the appropriate box(es) and complete all applicable information. (See Page 2 for Instructions)

CHANGE IN OWNERSHIP / NEW BUSINESS / JURISDICTION INFORMATION				
<input type="checkbox"/> Change in ownership	Previous Mobile Food Unit Name	Previous Owner Name	Date of Change	
<input type="checkbox"/> New business/newly built mobile food unit or new construction				
<input type="checkbox"/> Currently licensed by a local or tribal North Dakota health agency	Agency		License Number	
MOBILE FOOD UNIT BUSINESS INFORMATION				
Mobile Food Unit Business Name				
Mobile Food Unit Business Physical Address	City	State	Zip Code	County
Business Email Address			Business Telephone Number	
OWNER INFORMATION				
Owner Name	Owner Email		Owner Telephone Number	
Owner Mailing Address (if different from above)	City	State	Zip Code	
MOBILE FOOD UNIT BASE OF OPERATION (The primary location or servicing area where a mobile food unit returns for services such as cleaning, waste discharge, and storage of food or supplies.)				
City	Zip Code	County		
List names of events and locations of operation				
<input type="checkbox"/> Year-Round	List months of operation (if seasonal)		Average number of meals per event	
<input type="checkbox"/> Seasonal				
LICENSE EXPIRES DECEMBER 31 ST OF EACH YEAR				

Mobile Food Unit 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 701-328-2900.

Submit by mail, email, or fax:	ND Health and Human Services Food and Lodging Unit 1720 Burlington Dr, Suite A Bismarck, ND 58504-7736	Email: foodandlodging@nd.gov -or- Fax: 701-328-0340
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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 facility 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
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MOBILE FOOD UNIT LICENSE APPLICATION SECTION 2: INSTRUCTIONS

1. No license will be issued until a pre-opening inspection is conducted, and the mobile food unit is in compliance.
2. Fill out the application completely. An incomplete application cannot be processed and will be returned to the sender which may delay the review and result in the denial of licensure.
3. **A plan review and approval are required.** For new construction of a mobile food unit or extensive remodel, conversion, or renovation of an existing mobile food unit, construction may begin **after** you receive written approval from the Food and Lodging Unit. Complete **Section 3: Plan Review Checklist** found on page 3 and submit with the license application at least **30 days prior** to operating or beginning construction. Construction standards for a mobile food unit are available in the [Mobile Food Unit Plan Review Manual](#).
4. Within 3 – 5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine license fee payment based on the set fee schedule available at hhs.nd.gov/foodandlodging.
5. HHS will only conduct the plan review after payment of the required license fee is received. Following payment, allow up to **30 calendar days** for review. Written notice confirming approval of plans or detailing revisions needed will be communicated within this timeframe.
6. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify the HHS of any changes made to the plan layout, equipment, process flow, or submitted documents.
7. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by the HHS. In addition, the following agencies should be contacted for any necessary approvals/certifications (as applicable). Required documentation must be submitted to the HHS prior to final license approval, including but not limited to:
 - City or County Contact your city or county for permitting requirements to approve location.
 - 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 tax ID 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 firemarshal.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 an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522.
8. Proceed to **Section 3** on the next page, complete the **Plan Review Checklist**, and enclose with application and requested documents.

For questions or assistance, please contact the Food and Lodging Unit at 701.328.1291 or 1.800.472.2927 or email foodandlodging@nd.gov.

MOBILE FOOD UNIT LICENSE APPLICATION SECTION 3: PLAN REVIEW CHECKLIST

Requirements provided in this document are consistent with North Dakota Century Code 23-09 and the North Dakota Food Code (Administrative Code 33-33-04.1). The ND Food Code is based on the 2017 FDA Model Food Code (<https://www.fda.gov/food/fda-food-code/food-code-2017>) and contains requirements for protecting public health and ensuring food is safe and honestly presented.

CONSTRUCTION, REMODEL, CONVERSION, OR RENOVATION ESTIMATED DATES		
Project Planned Start Date	Estimated Project Completion Date	
COMMISSARY / SERVICING AREA INFORMATION (Location to which a mobile food unit returns for services such as cleaning, waste discharge, storage of food or supplies.)		
Do you have a commissary/servicing area to which you will return for services?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Commissary/servicing area owned by the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Use of a licensed commissary/servicing area. -OR- <input type="checkbox"/> Commissary/servicing area needing approval.	Commissary/Servicing Area Name	License Number
	Commissary/Servicing Area Physical Address	
* Submit a completed SFN 62482 Food Service Establishment Commissary Agreement		
RECORD OF LICENSURE AND PLAN REVIEW HISTORY		
<input type="checkbox"/> A plan review has previously been submitted and approved by a local health department or another state health department. *	Agency Name	
	Agency City and State	
*Provide a copy of the plan approval, the preoperational inspection report, current license, and most recent inspection report if available. Complete only pages 1 through 3A – 3C.		

A. Attach a proposed menu or list of food and beverages to be offered.

B. Submit a floor plan drawing (8.5 X 11 to scale) of the mobile food unit showing the following:

- Identify the locations of entrances, food service window(s), window screens, food preparation areas, customer self-service and seating areas, storage areas, describe off-site storage locations, toilet facilities, employee personal storage areas, and chemical supply storage.
- Label the location and dimensions of handwashing sinks and dishwashing sinks. All sinks shall be located to prevent cross-contamination.
- Include the equipment list and equipment specification sheets, such as, heating, cooking, cooling, and service equipment with the common name (examples of equipment include refrigeration, freezers, hot-holding units, stovetops/grills, ovens, warmers, and fryers).
- Describe and label the location of all food storage (location and size).
- Describe the food-grade potable water tank (location and size) and the wastewater/grey water tanks (location and size). Wastewater/grey water tank must be at least 15% larger than the water supply tank.
- Describe the hot water heater (size and type).
- Provide the exhaust ventilation layout including location of hood, fire suppression equipment, and fire extinguisher, if applicable.
- Indicate if your mobile food unit will have equipment that may be exposed (unscreened) outer openings.

C. Hazard analysis and critical control point (HACCP) plan submittal (if applicable).

Submit a [HACCP Plan](#) and request a variance or waiver for special processes such as curing food, reduced oxygen packaging, cook-chill, sous vide, smoking for preservation not only for flavor, or using additives to preserve food not only as a flavor enhancement. See Page 6, "Specialized Processes" and [FDA Food Code Chapter 3](#).

D. Plan review checklist

- Complete **Section 3**, pages 4 – 10 and submit with application and requested documents.
- For questions about specifications, see the [Mobile Food Unit Plan Review Manual](#).

MOBILE FOOD UNIT LICENSE APPLICATION SECTION 3: PLAN REVIEW CHECKLIST (CONTINUED)

Complete all information as thoroughly as possible (Y = Yes, N = No, N/A = Not Applicable). **When answering 'No', provide explanation. Missing or incomplete information may delay the plan review and approval process.**
 References: North Dakota Food Code (fda.gov/media/87140/download)

EMPLOYEE HEALTH AND PERSONAL HYGIENE

EMPLOYEE TRAINING (Food Code Chapter 2)	Y	N
<p>1. Will employees/operator be trained on all the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper handwashing <input type="checkbox"/> No bare-hand contact with ready-to-eat foods <input type="checkbox"/> Food safety <input type="checkbox"/> Food allergy awareness <input type="checkbox"/> Food defense from intentional contamination <input type="checkbox"/> Preventative controls <input type="checkbox"/> Corrective actions <input type="checkbox"/> Illness reporting <input type="checkbox"/> No unnecessary persons in the food areas <p>Will a Certified Food Protection Manager (CFPM) be employed? Date Certified</p> <p>CFPM is not required in ND Food Code but is highly recommended. Additional resources about becoming a CFPM are available online at hhs.nd.gov/foodandlodging.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
EMPLOYEE HEALTH POLICY (Food Code Chapter 2)	Y	N
<p>2. Will an employee/operator health policy be implemented?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Including symptoms that require exclusion or restriction from working with food: <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Jaundice <input type="checkbox"/> Sore throat with fever <input type="checkbox"/> Lesions <input type="checkbox"/> Including reportable diagnosis which require the Person in Charge to report to the Regulatory Authority and receive approval before employee returns to work: <ul style="list-style-type: none"> <input type="checkbox"/> Norovirus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Shigellosis <input type="checkbox"/> STEC infection <input type="checkbox"/> Hepatitis A <p>To learn more about what an employee health policy should involve, download a free copy of the Employee Health and Personal Hygiene Handbook on FDA's website at fda.gov. Additional employee health resources are available at hhs.nd.gov/foodandlodging.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

FOOD SOURCE, STORAGE/DISPLAY, and PROCESSES

FOOD SOURCE (Food Code Chapter 3)		
3. All food supplies must be from inspected and approved sources. Provide names of food supplier(s) and/or delivery company.		

FOOD STORAGE/DISPLAY (Food Code Chapter 3)		
4. Identify the location of each on the floor plan. Provide the space (estimated in cubic feet) and list the number of units (refrigerators/freezers) available.		
Dry storage cubic feet	Cold storage cubic feet/Number of units	Freezer storage cubic feet/Number of units
Cold Storage Equipment list (select all that apply) <input type="checkbox"/> Upright Reach-In <input type="checkbox"/> Under counter (low boy, high boy, drawers) <input type="checkbox"/> Preparation Table <input type="checkbox"/> Display Unit <input type="checkbox"/> Other (describe) _____		
Each refrigerator/freezer requires a thermometer to verify temperature. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.		
5. Description of off-site (remote) storage locations (if applicable)		
6. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
If yes, how will cross-contamination be prevented?		
Food contact equipment, single-service items including packaging, and foods on display must be protected from contamination by storing in a clean, dry container, where it is not exposed to splash, dust, or other contamination and at least 6 inches off the floor.		

FOOD PROCESSES (Food Code Chapter 3)			
7. Select all applicable types of Temperature Control for Safety foods (TCS) that will be stored, prepared, served, and sold.			
<input type="checkbox"/> Thin cuts of meat, poultry, or fish <input type="checkbox"/> Thick cuts of meat, roasts, or whole poultry <input type="checkbox"/> Cold foods (salads, sandwiches, vegetables) <input type="checkbox"/> Shellfish or seafood	<input type="checkbox"/> Hot foods (soups, stews, casseroles) <input type="checkbox"/> Bakery goods (pies, custards, creams) <input type="checkbox"/> Other TCS foods (describe) _____		
If processes will not be used indicate N/A:			
8. Washing of Fruits and Vegetables	Y	N	N/A
<ul style="list-style-type: none"> <input type="checkbox"/> Will a designated food preparation sink be available? <input type="checkbox"/> Will chemicals be used for washing fruits and vegetables? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	Y	N	N/A
9. Thawing of TCS foods <ul style="list-style-type: none"> ○ Will be done under refrigeration at 41°F or below. ○ Will be done completely submerged under running water 70°F or below. ○ As part of the cooking process (such as microwave then immediate cooking) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cooking <ul style="list-style-type: none"> ○ Will all foods be cooked per Food Code requirements? ○ Is a thermometer or other temperature measuring device available to measure final cooking temperatures? <ul style="list-style-type: none"> ▪ If No: <ul style="list-style-type: none"> • Is a consumer advisory provided as required? • Indicate the foods which will be served undercooked/raw: <ul style="list-style-type: none"> <input type="checkbox"/> Eggs to order <input type="checkbox"/> Steaks <input type="checkbox"/> Hamburgers <input type="checkbox"/> Sushi <input type="checkbox"/> Other: _____ ○ Equipment (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Stovetop <input type="checkbox"/> Oven <input type="checkbox"/> Fryer <input type="checkbox"/> Broiler <input type="checkbox"/> Grill <input type="checkbox"/> Cook Top <input type="checkbox"/> Griddle <input type="checkbox"/> Other: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hot Holding <ul style="list-style-type: none"> ○ Will foods be cooked and then held until service (at >135°F)? <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> If yes, indicate type and total number of hot holding units </div> ○ Will customer self-service (buffet-style) be provided? ○ Will food items being hot held be saved for reuse or leftovers? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cold Holding <ul style="list-style-type: none"> ○ Will foods be prepared and then held until service (at 41°F or less)? ○ Will customer self-service (salad bar, buffet-style) be provided? ○ Will food items being cold held be saved for reuse or as leftovers? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cooling <ul style="list-style-type: none"> ○ Will TCS foods be cooled following preparation at room temperature, cooking, heating, or reheating? <p>If YES, select from the following methods used to cool food to 41°F within 6 hours (from 135° to 70°F in 2 hours and to 41°F within 4 hours):</p> <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Shallow pans <li style="width: 50%;"><input type="checkbox"/> Ice baths <li style="width: 50%;"><input type="checkbox"/> Reduce volume <li style="width: 50%;"><input type="checkbox"/> Rapid chill (ice wand, blast chiller) <li style="width: 50%;"><input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <li style="width: 50%;"><input type="checkbox"/> Other: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Reheating <ul style="list-style-type: none"> ○ Will foods be reheated for immediate service (leftovers, prepackaged precooked food items)? ○ Will foods be reheated for hot holding (heated to 165°F for 15 seconds within 2 hours and then maintained at 135°F or higher)? ○ Will food items reheated for hot holding be saved for reuse or as leftovers? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Specialized processes* <ul style="list-style-type: none"> ○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) ○ Curing, Brining, Fermenting ○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)? ○ Smoking (for food preservation) ○ Other 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*A Hazard Analysis Critical Control Point (HACCP) Plan or variance waiver request may be required.

FACILITY INFORMATION

Facility is a licensed commissary/shared commercial kitchen that is currently approved
(If checked above, *Finish Schedule* and *Physical Facilities* Sections are not required; Skip to Page 8).

Name of Facility	License Number (if applicable)
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FINISH SCHEDULE (Food Code Chapter 6)

16. Describe finish material for all floor, wall, ceiling coverings, countertops and food contact work surfaces (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic covered molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation/Kitchen				
Dry Food Storage				
Warewashing/Dishwashing Area				
Walk-in Refrigerators and Freezers				
Mop/Service Sink				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other area:				

Provide the finish of the following

Cabinets	Countertops	Shelving
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PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6)	Y	N	N/A			
17. Ventilation and Fire Suppression* <ul style="list-style-type: none"> <input type="checkbox"/> Grease laden vapors will be produced during cooking?* <input type="checkbox"/> Exhaust hoods present over all cooking equipment? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; Label location(s) of hoods on floor plan drawing. <input type="checkbox"/> Indicate the fire suppression or extinguishers located on-site: <ul style="list-style-type: none"> <input type="checkbox"/> 2A10BC extinguisher <input type="checkbox"/> Type K extinguisher <input type="checkbox"/> Fire suppression system <input type="checkbox"/> Other: _____ <p>*Local regulations may govern ventilation and fire protection requirements. Submit a copy of the fire inspection report when available. **Grilling or frying activities which produce grease laden vapors require a hood AND fire suppression system, and a Class K fire extinguisher; ND Fire Code Chapter 3, Section 319 and ND Administrative Rule 10-07-01-04.</p>						
18. The power source is approved by the State Electrical Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Location of light fixtures over food preparation areas are shatter-resistant or shielded; adequate lighting intensity shall be in accordance with Section 6-303.11 of the Food Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Handwashing Facilities <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Total number of handwashing sinks</div>						
<p>All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.</p> <p>Handwashing signs are available while supplies last. Email foodandlodging@nd.gov or download at: hhs.nd.gov/foodandlodging</p>						
21. Warewashing/Dishwashing Facilities Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):						
<input type="checkbox"/> Manual Dishwashing	Y	N	N/A			
<input type="checkbox"/> 3-compartment sink(s) dimensions:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Length</td> <td style="width: 33%;">Width</td> <td style="width: 33%;">Depth</td> </tr> </table>	Length	Width	Depth			
Length	Width	Depth				
<input type="checkbox"/> Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? If NO, how will the cleaning and sanitizing of those large items be completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> What type of food-contact sanitizer will be used? Chemical type(s) (i.e. chlorine, quat, iodine, etc.)						
Test Strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
-or- Hot water sanitizing temperature						
Maximum temperature thermometer or temperature strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	Y	N	N/A
<input type="checkbox"/> Mechanical Dishwashing <ul style="list-style-type: none"> <input type="checkbox"/> Are the temperature and pressure gauges accurately working? <input type="checkbox"/> What type of food-contact sanitizer will be used? <div style="border: 1px solid black; padding: 2px; width: 600px; margin-bottom: 5px;">Chemical type(s) (i.e. chlorine, quat, iodine, etc.)</div> <div style="text-align: right; margin-right: 50px;">Test Strips on site?</div> <li style="text-align: center;">-or- <input type="checkbox"/> Hot water sanitizing temperature <div style="border: 1px solid black; padding: 2px; width: 600px; margin-bottom: 5px;">Hot water sanitizing temperature</div> <div style="text-align: right; margin-right: 50px;">Maximum temperature thermometer or temperature strips on site?</div> <input type="checkbox"/> Hot water booster present? <input type="checkbox"/> Ventilation hood installed above the dishwasher? <input type="checkbox"/> Will clean in place need to be done for any equipment? <div style="border: 1px solid black; padding: 2px; width: 600px; margin-bottom: 5px;">If yes, list or describe kitchen equipment</div> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is there adequate space provided for air drying dishes and utensils? <div style="border: 1px solid black; padding: 2px; width: 600px; margin-top: 5px;">Describe the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Water Supply <ul style="list-style-type: none"> <input type="checkbox"/> Is the water sourced from a city or public system? <input type="checkbox"/> Is the water sourced from a private system (i.e., private well water)? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing: https://deq.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ice <ul style="list-style-type: none"> <input type="checkbox"/> Will ice be purchased commercially? <input type="checkbox"/> Will an ice machine be used on-site for ice production? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sewage Disposal <ul style="list-style-type: none"> <input type="checkbox"/> Is the sewage disposal through a city or public y system? <input type="checkbox"/> Is the sewage disposal through a private system? <input type="checkbox"/> Is the wastewater or grey water holding tank sized 15 percent larger in capacity than the water supply tank? <div style="border: 1px solid black; padding: 2px; width: 600px; margin-top: 5px; display: flex; justify-content: space-between;"> <div style="width: 45%;">Wastewater tank volume</div> <div style="width: 45%;">Water supply tank volume</div> </div> <input type="checkbox"/> Are grease traps/interceptors installed for the disposal system? <p>Sewage Disposal Wastewater or grease must be removed in such a manner that a public health hazard or nuisance is not created. Wastewater must be discharged into a sanitary sewage system. Dumping any wastewater onto the ground or storm sewer is not allowed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Plumbing <ul style="list-style-type: none"> <input type="checkbox"/> Is all plumbing work installed to code?(Attach certificate or proof of licensed installation) <div style="border: 1px solid black; padding: 2px; width: 600px; margin-top: 5px;">If no, provide explanation</div> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A				
27. Restrooms <ul style="list-style-type: none"> ○ Toilet and hand washing facilities are available for MFU employees at the event or along the route of service. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
28. Employee Storage <ul style="list-style-type: none"> ○ Suitable area for storage of employee belongings? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
29. Poisonous or Toxic Materials (FDA Food Code Chapter 7) <ul style="list-style-type: none"> ○ Will only poisonous or toxic materials necessary for the operation of the establishment be allowed, be clearly labeled, and will they be stored to prevent contamination? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30. Pest Control Management Program <ul style="list-style-type: none"> ○ Will all outside doors be insect and rodent proof? ○ Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? (If applicable select method of protection below) <ul style="list-style-type: none"> <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means ○ Is the area used for MFU storage clear of unnecessary brush, litter, and other harborage? ○ Will all pipes and electrical conduit chases be sealed to prevent pests? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
31. Refuse, Recyclables, and Returnables <ul style="list-style-type: none"> ○ Do all garbage or refuse containers have lids for when not in continuous use? ○ Will a dumpster(s) or compacter be used outside? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">If yes, number</td> <td style="width: 50%; padding: 2px;">Frequency of pick-up</td> </tr> </table> ○ How will refuse containers and floor mats be cleaned: <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="border: none;"></td> </tr> </table> ○ Will grease storage containers be stored on-site? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">If yes, describe location</td> </tr> </table> 	If yes, number	Frequency of pick-up		If yes, describe location	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, number	Frequency of pick-up						
If yes, describe location							

Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preoperational inspection of the establishment will be necessary to determine compliance with laws governing foodservice establishments and to determine the license approval prior to operation. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from the Food and Lodging Unit may void this submission for plans review.

Owner/Designee Signature	Date
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For questions or assistance, please contact the Food and Lodging Unit at 701.328.1291 or 1.800.472.2927 or email foodandlodging@nd.gov.

Submit by mail, email, or fax:	ND Health and Human Services Food and Lodging Unit 1720 Burlington Dr, Suite A Bismarck, ND 58504-7736	Email: foodandlodging@nd.gov -or- Fax: 701-328-0340
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