



FOOD ESTABLISHMENT LICENSE APPLICATION

Department of Health and Human Services
Food and Lodging Unit
SFN 19382 (07-2024)

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

SECTION 1: FOOD ESTABLISHMENT AND OWNER INFORMATION

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

NEW BUSINESS/CHANGE IN OWNERSHIP		
<input type="checkbox"/> New business/newly built business or new construction		
<input type="checkbox"/> Change in ownership of an existing, previously licensed business and no remodel		
<input type="checkbox"/> Change in ownership or existing owner with extensive remodel, renovation, or converted use		
Previous Business Name	Previous Owner Name	Effective Date of Change in Ownership

FOOD ESTABLISHMENT INFORMATION			
Business Name	Business Email	Business Telephone Number	
Business Physical Address	City	ZIP Code	County
Business Mailing Address	City	State	Zip Code

OWNER INFORMATION			
Owner Name	Owner Email	Owner Telephone Number	
Owner Mailing Address (if different from above)	City	State	ZIP Code

FOOD ESTABLISHMENT LICENSE TYPES		
Check all license types that apply if operated at the same premises under the same ownership.		
<input type="checkbox"/> Bar/Tavern (beverage and liquor sales only; no food service)		
<input type="checkbox"/> Child Care Food Service Establishment		
<input type="checkbox"/> Food Processor (food manufactured, packaged, labeled, or stored for wholesale only; no direct sales to the end consumer)		
<input type="checkbox"/> Limited Restaurant (food service is restricted to a limited menu such as heat and serve only)		
<input type="checkbox"/> Restaurant/Catering (food service, dining, cafe, catering, or fast food)		
<input type="checkbox"/> Retail Bakery (commercially processed and packaged baked goods; may be standalone or part of a grocery store)		
<input type="checkbox"/> Retail Food Store (commercially processed and packaged time and temperature control for safety [TCS] food products; may be standalone or part of a grocery store)		
<input type="checkbox"/> Retail Meat Market (federal- or state-inspected meat products which are commercially processed and packaged; may be standalone or part of a grocery store)		
<input type="checkbox"/> Salvage Food (reconditioning distressed products)		
<input type="checkbox"/> School (K-12) Food Service Establishment		
Square footage (for food prep, storage, display or service areas)	Dining/seating Capacity (if applicable)	If no seating-average number of daily meals
<input type="checkbox"/> Year round <input type="checkbox"/> Seasonal	List months of operation (if seasonal)	<input type="checkbox"/> Alcoholic beverages sales/license number

LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR

Food establishment license fees are available 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.

Send application to:	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 Signed
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FOOD ESTABLISHMENT LICENSE APPLICATION

SECTION 2: INSTRUCTIONS

1. No license will be issued until a pre-opening inspection is conducted, and the food establishment 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 food establishment or extensive remodel, conversion, or renovation of an existing establishment, 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 food establishment are available in the [Food Establishment 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:
 - Local Building Code Authority Contact your city or county for a building permit, building inspection, 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 tax ID number at nd.gov/tax/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.gov 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.
 - ND Dept. of Environmental Quality Submit water and wastewater system plans for approval to Division of Municipal Facilities at deq.nd.gov/MF or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact your Local Public Health Unit for permit requirements.
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.

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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.

PROJECT MANAGER INFORMATION

CONSTRUCTION, REMODEL, CONVERSION, OR RENOVATION ESTIMATED DATES			
Project Start Date		Estimated Project Completion Date	
POINT OF CONTACT/APPLICANT INFORMATION (OWNER/ARCHITECT/CONTRACTOR)			
Point of Contact			
Mailing Address		City	State ZIP Code
Email Address		Telephone Number	
COMMISSARY/SHARED COMMERCIAL KITCHEN INFORMATION (Location where food, containers, or supplies are kept, handled, prepared, packaged, or stored, including a service center or base of operations directly from which caterers are supplied and serviced.)			
Do you have a commissary/shared commercial kitchen that will be used?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Commissary/shared commercial kitchen owned by the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Use of a licensed commissary/shared kitchen -OR- <input type="checkbox"/> Commissary/shared kitchen needing approval	Commissary/Shared Kitchen Name		License Number
	Commissary/Shared Kitchen Physical Address		
* Submit a completed SFN 62482 Food Service Establishment Commissary Agreement			

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

- o A consumer advisory may be required if animal foods will be offered as rare, raw, or under cooked. See page 6 'Cooking' and [FDA Food Code Chapter 3](#).

B. Submit a floor plan drawing (8.5 X 11 to scale minimum) showing the following:

- o Identify the locations of all entrances, exits, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, and garbage room.
- o Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks. All sinks shall be located to prevent cross-contamination.
- o Include equipment list and equipment specification sheets.
- o Include room size, aisle space, and spaces between, under, or behind equipment.
- o Label the location of all food storage, heating, cooling, and service equipment with the common name (examples of equipment include refrigeration, walk-in coolers, walk-in freezers, hot-holding units, buffet units, ice machines, stovetops/grills, ovens, warmers, and fryers).
- o Provide exhaust ventilation layout including location of hood, and fire suppression equipment, if applicable.
- o Indicate if your food establishment will have exposed (unscreened) outer openings (i.e., retractable doors, etc.)

C. Plan review checklist

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

D. 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 7 "Specialized Processes" and [FDA Food Code Chapter 3](#).

	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? <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: <input type="checkbox"/>Eggs to order <input type="checkbox"/>Steaks <input type="checkbox"/>Hamburgers <input type="checkbox"/>Sushi <input type="checkbox"/>Other: _____ ○ Is a thermometer or other temperature measuring device available to measure final cooking temperatures? Equipment (check all that apply): <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)? <ul style="list-style-type: none"> ▪ If yes; indicate type and total number of hot holding units: _____ ○ 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? 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): <input type="checkbox"/> Shallow pans <input type="checkbox"/> Ice baths <input type="checkbox"/> Reduce volume <input type="checkbox"/> Rapid chill (ice wand, blast chiller) <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <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"/>

	Y	N	N/A
15. Specialized processes* <ul style="list-style-type: none"> <input type="checkbox"/> Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) <input type="checkbox"/> Curing, Brining, Fermenting <input type="checkbox"/> Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)? <input type="checkbox"/> Smoking (for food preservation) <input type="checkbox"/> Other _____ 	<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"/>

*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 floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved 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:

PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6)	Y	N	N/A												
<p>17. Ventilation and Fire Suppression*</p> <ul style="list-style-type: none"> ○ Grease laden vapors will be produced during cooking? ** <input type="checkbox"/> ○ Exhaust hoods present over all cooking equipment? <input type="checkbox"/> <ul style="list-style-type: none"> ▪ If YES; Label location(s) of hoods on floor plan drawing. ○ 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><small>*Local regulations may govern ventilation and fire protection requirements. Submit a copy of the fire inspection report when available.</small></p> <p><small>** 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.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p>18. Handwashing Facilities</p> <ul style="list-style-type: none"> ○ Identify total number of the handwashing sinks in each of the following locations: <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 33%; padding: 5px;">Food preparation</td> <td style="width: 33%; padding: 5px;">Warewashing area</td> <td style="width: 33%; padding: 5px;">Bar area</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Food preparation	Warewashing area	Bar area												
Food preparation	Warewashing area	Bar area													
<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>															
<p>19. Warewashing/Dishwashing Facilities</p> <p>Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):</p>	Y	N	N/A												
<p><input type="checkbox"/> Manual Dishwashing</p> <ul style="list-style-type: none"> ○ 3-compartment sink(s) dimensions: <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 33%; padding: 5px;">Length</td> <td style="width: 33%; padding: 5px;">Width</td> <td style="width: 33%; padding: 5px;">Depth</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <ul style="list-style-type: none"> ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="padding: 5px;">If NO, how will the cleaning and sanitizing of those large items to be completed</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table> <ul style="list-style-type: none"> ○ What type of food-contact sanitizer will be used? <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="padding: 5px;">Chemical type(s) (i.e. chlorine, quat, iodine, etc.)</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table> <p style="text-align: right; margin-right: 20px;">Test Strips on site? <input type="checkbox"/></p> <p style="text-align: center;">-or-</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="padding: 5px;">Hot water sanitizing temperature</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table> <p style="text-align: center;">Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/></p>	Length	Width	Depth				If NO, how will the cleaning and sanitizing of those large items to be completed		Chemical type(s) (i.e. chlorine, quat, iodine, etc.)		Hot water sanitizing temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	Width	Depth													
If NO, how will the cleaning and sanitizing of those large items to be completed															
Chemical type(s) (i.e. chlorine, quat, iodine, etc.)															
Hot water sanitizing temperature															

	Y	N	N/A				
26. Restrooms <ul style="list-style-type: none"> ○ Number and location to code? ○ Covered waste receptacle in women's restroom? ○ Handwashing facilities with hot/cold water? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
27. Employee Storage/Dressing Rooms <ul style="list-style-type: none"> ○ Suitable area for storage of employee belongings and changing area if necessary? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
28. 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"/>				
29. Pest Control Management Program <ul style="list-style-type: none"> ○ Will all outside doors be self-closing 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 ○ Pest control management contractor planned? ○ Is area around building 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"/>				
30. 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%; margin-top: 5px;"> <tr> <td style="width: 50%;">If yes, number</td> <td style="width: 50%;">Frequency of pick-up</td> </tr> </table> ○ How will refuse containers and floor mats be cleaned: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="height: 30px;"></td> </tr> </table> ○ Will grease storage containers be stored on-site? <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="height: 30px;">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"/>
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