



LOW-RISK FOOD ESTABLISHMENT LICENSE APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND LODGING UNIT
SFN 7151 (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)

Change in Ownership or New Business			
<input type="checkbox"/> Change in ownership	Effective Date of Change in Ownership	Previous License Number	
Previous Business Name		Previous Owner Name	
<input type="checkbox"/> New business/newly built establishment or new construction			
Food Establishment Information			
Business Name			
Business Physical Address	City	County	ZIP Code
Business Mailing Address	City	State	ZIP Code
Business Email Address		Business Telephone Number	
Owner Information			
Owner Name			
Owner Mailing Address (if different from above)	City	State	ZIP Code
Owner Email Address (if different from above)		Owner Telephone Number	
Food Establishment License Types			
<input type="checkbox"/> Food Processing (Non- time and temperature control for safety (TCS) food stored or packaged for wholesale only; no direct sales to the end consumer) LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR			
<input type="checkbox"/> Retail Food Sales (TCS food stored or displayed for direct sale to the end consumer; select type of sales below)		Total Square Footage (only the areas used for food storage or display)	
<input type="checkbox"/> Frozen prepackaged, inspected meat sales only <input type="checkbox"/> Frozen food truck sales only – commercially processed prepackaged TCS foods <input type="checkbox"/> Retail food store – commercially processed prepackaged TCS foods LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR		<input type="checkbox"/> Year-Round Operation or List months of operation Alcoholic beverages/liquor license #	
<input type="checkbox"/> Vending or Micro Market Sales (Complete one application for each machine; select the correct type(s) below)			
<input type="checkbox"/> Automatic lockout mechanism <input type="checkbox"/> No automatic lockout mechanism LICENSE EXPIRES JUNE 30TH OF EACH YEAR			

Food Establishment 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

The undersigned is familiar with the North Dakota Century Code Chapter 23-09 relating to Food Establishments and with Chapters 33-33-04.1 and 33-33-03 of the North Dakota Administrative Code dealing with sanitary inspection requirements for food establishments and vending machines 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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LOW-RISK FOOD ESTABLISHMENT LICENSE APPLICATION**SECTION 2: INSTRUCTIONS**

1. A pre-opening inspection of the establishment may be necessary to determine compliance with laws governing food establishments and vending machines.
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 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/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 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 Administrative Code (NDAC) 33-33-04.1 and 33-33-03. The ND Food Code (NDAC 33-33-04.1) is based on the 2013 FDA Model Food Code (<https://www.fda.gov/food/fda-food-code/food-code-2013>) 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 Planned Start Date		Estimated Project Completion Date	
Point of Contact/Applicant Information (Owner/Architect/Contractor)			
Point of Contact			
Mailing Address		City	State
Email Address		Telephone Number	
Low Risk Food Establishment Plan Review Checklist			
<input type="checkbox"/> Provide below or enclose a separate list of the food and beverages to be offered and the source (e.g., sandwiches from XY company).			
<input type="checkbox"/> Describe below or enclose a separate list of all equipment to be used for the display or storage of food (e.g., refrigeration, walk-in coolers, walk-in freezers, ice machines, and vending machines). Include applicable equipment specification sheets.			
<input type="checkbox"/> Submit a floor plan drawing (8.5 X 11 to scale minimum) showing the following: <ul style="list-style-type: none"> ○ Identify the locations of all entrances, exits, food display, 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. ○ Label the location and dimensions of all required sinks including handwashing and mop or utility sinks. ○ Include room size, aisle space, and spaces between, under, or behind equipment. ○ Label the location of all food storage and display equipment with the common name. 			
<input type="checkbox"/> Water and Waste Water Source:			
Source of Water Supply		<input type="checkbox"/> City or Public System	<input type="checkbox"/> Private System
Type of Sewage Disposal System		<input type="checkbox"/> City or Public System	<input type="checkbox"/> Private System

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 may be necessary to determine compliance with laws governing food service 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 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
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