



**TEMPORARY FOOD SERVICE ESTABLISHMENT
LICENSE APPLICATION**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND LODGING UNIT
SFN 62210 (07-2024)

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

TEMPORARY FOOD SERVICE ESTABLISHMENT BUSINESS INFORMATION

| | | | | |
|---------------------------|------|-------|---------------------------|--------|
| Business Name | | | | |
| Business Physical Address | City | State | ZIP Code | County |
| 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 | |

PLANNED EVENTS AND OPERATIONS

| | | | |
|---------------------------|-------|------|--------|
| Event Name or Description | Dates | City | County |
| Event Name or Description | Dates | City | County |
| Event Name or Description | Dates | City | County |
| Event Name or Description | Dates | City | County |

COMMISSARY / SERVICING AREA
(Location where a temporary food service establishment 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/service 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](#)

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 at least 10 business days prior to event to allow time for processing 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 |
|--|---|--|

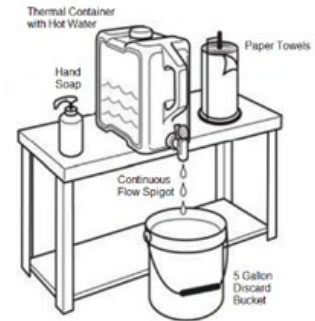
The undersigned is familiar with the North Dakota Century code Chapter 23-09 relating to Food Establishments and with Chapter 33-33-04.1 of the North Dakota Administrative Code dealing with sanitary inspection requirements for food establishments and certifies that the establishment for which the application 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 supplied with hot running water and a continuous flow faucet, soap, wastewater bucket, and paper towels. (Example drawing)
- A sink is available IN STAND with running water, soap, and paper towels and wastewater is plumbed for appropriate discharge.



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/BEVERAGES 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 & COLD HOLDING

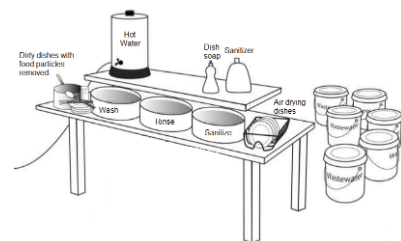
Hot Holding Equipment: (List & Describe) Hot, potentially hazardous foods must be cooked to the proper temperature and held at 135°F or above. Crock pots are prohibited for cooking. A thermometer must be available to verify temperatures.

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 with clean water, sanitize for at least 1 minute, and air dry. Towel drying is prohibited. Choose one of the following methods:

- [Temporary Dishwashing Station](#). Three (3) container/basin system.
- Three (3) compartment sink located IN STAND with running water and plumbed for appropriate discharge.



TEMPORARY FOOD SERVICE LAYOUT DRAWING

Provide a drawing of the proposed temporary food service layout to scale. The drawing shall include the following: food preparation areas, overhead protection description, floor or ground surface covering description, customer servicing area, storage areas, temporary handwashing station, temporary ware washing/dishwashing station, cold holding equipment, cooking, cooling, and hot holding equipment with their common names. Examples of equipment may include refrigerators, freezers, hot/cold holding units, stovetops/grills, ovens, warmers, and fryers. Include the equipment list and equipment specification sheets as applicable.