



### TEMPORARY EVENT AND SAMPLING LICENSE APPLICATION

Establishment Information		
Establishment Name		
Owner Name	Owner Mailing Address	
Email Address	Owner Telephone Number	
Type of license needed: <input type="checkbox"/> Temporary event <input type="checkbox"/> Sampling  <b>“Sampling”</b> means a food establishment operation in which food is distributed to individuals by offering small portions of a food item that include as a main ingredient a product sold by the vendor. A sampling license is required if food is TCS and/or removed from package and offered to the public on premises. <b>Note: only foods with minimal on-site preparation are allowed to be offered under a sampling license (ex. cut fruits and vegetables, beverages, non-TCS foods, and TCS foods that do not require cooking, cooling or reheating).</b>  <b>“Temporary Food Establishment”</b> means a food establishment operation that operates at a fixed location for a period of time of not more than 14 consecutive days in conjunction with a single event or function.		
Event Information		
Number of days the food establishment plans to operate within the FDHU 7 county jurisdiction: <input type="checkbox"/> Check box if establishment will be operating 14 days or more.		
Event Name	Location	Dates
Food Information		
List all foods being offered and describe preparation steps. Attach additional pages as needed.		
All foods must be obtained from approved sources. Identify food sources (i.e. name of grocery store).		

<b>Requirements for Sampling and Temporary Events</b>		
<b>Food Safety Education</b> – All food employees are required to take and pass an approved food safety course. <input type="checkbox"/> Verification Attached <input type="checkbox"/> Not applicable    *If needed, call FDHU inspector for clarification.		
<b>Water, Wastewater, and Refuse</b> – Indicate water source, wastewater disposal methods, and refuse containers used for food preparation/service, handwashing and the cleaning of food-contact surfaces.		
Water supply source: _____  <input type="checkbox"/> Not Applicable	Wastewater disposal method*: _____  <input type="checkbox"/> Not Applicable	Refuse or garbage:  <input type="checkbox"/> Dumpster provided by event host <input type="checkbox"/> All containers have lids for when not in continuous use
<i>*Wastewater must be discharged into a sanitary sewage system. Dumping any wastewater onto the ground or storm sewer is not allowed.</i>		
<b>Handwashing Facility</b> – Required if handling unpackaged food.		
<input type="checkbox"/> Not applicable    If applicable, supplies include: <input type="checkbox"/> Running, potable water <input type="checkbox"/> Soap <input type="checkbox"/> Paper towels		
<b>Warewashing/Sanitizer</b> – Wash utensils in warm, soapy water, rinse, sanitize, air dry. No towel drying.		
<input type="checkbox"/> Not applicable <input type="checkbox"/> 3-Bucket system <input type="checkbox"/> 3-Compartment sink <input type="checkbox"/> Other: _____		
Sanitizer type: _____ <input type="checkbox"/> Test strips available		
<b>Cold Holding</b> – TCS Foods must be held at 41°F or below. List cold holding equipment.		
<b>Thermometers</b>		
<input type="checkbox"/> Thermometers in all cold hold units <input type="checkbox"/> Cold hold units set to 41°F or below <input type="checkbox"/> Thermometers accessible to check food temperatures <input type="checkbox"/> Not applicable		
<b>Food Handling</b> – Gloves, utensils, tissue paper, etc. shall be used to prevent bare hand contact with ready to eat food.		
<b>FDHU’s Requirements for Food and Beverage Establishments</b> – Review most current Food Code for all requirements.		

### STATEMENT OF UNDERSTANDING

<p>I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND PLAN REVIEW IS ACCURATE. I AFFIRM THAT BY SUBMITTING THIS APPLICATION I AGREE TO OPERATE THE NAMED FOOD ESTABLISHMENT IN COMPLIANCE WITH THE MOST CURRENT VERSION OF THE <i>FDHU REQUIREMENTS FOR FOOD ESTABLISHMENTS</i> AND THAT FDHU SHALL HAVE UNRESTRICTED ACCESS TO THE ENTIRE PREMISES OF THE NAMED ESTABLISHMENT, INCLUDING ANY PERTINENT RECORDS, DURING ANY AND ALL TIMES THAT FOOD IS PRESENT IN OR BEING HANDLED IN THE NAMED ESTABLISHMENT.</p>		
_____ APPLICANT SIGNATURE	_____ TITLE	_____ DATE

**SUBMIT COMPLETED APPLICATION TO:**

**FIRST DISTRICT HEALTH UNIT  
801 11<sup>TH</sup> AVE SW  
MINOT ND 58701**

*Notify this office immediately if any changes are made to the any of the above items. First District Health Licenses are issued for the calendar year, are non-refundable, and are non-transferable.*

FOR OFFICE USE ONLY				
EHP Assigned	Establishment Type	Risk	Fee Amount	Permit No.
<b>Application Approved By:</b>				
_____	_____			
<b>EHP Signature</b>		<b>Date</b>		
PAYMENT INFORMATION				
Fee Paid	Date Paid	Payment Method	Receipt No.	Received By