



**Public Health**  
Prevent. Promote. Protect.

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**Central Valley Health District**  
Environmental Health

**FOOD SERVICE FACILITY LICENSE APPLICATION**

The undersigned is familiar with the provisions of the North Dakota Century Code (NDCC) Chapter 19-02.1-North Dakota Food, Drug and Cosmetic Act, NDCC 23-09 -Food Establishments, Lodging Establishments and Assisted Living Facilities and North Dakota Administrative Code Chapter 33-33-04.1 dealing with sanitary requirements for food service facilities which have been adopted by reference by Central Valley Health District as pertaining to the operation of a food service facility in North Dakota. The undersigned also certifies that the facility for which application is made will be operated in compliance with the requirements of the above-mentioned statute and rules. **Before operating this facility you must contact Central Valley Health at 701.252.8130.**

**PLEASE PRINT LEGIBLY**

Name of Facility		Email Address	
Name of Owner(s)		Telephone Number	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
<b>IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:</b>			
Previous Facility Name	Previous Owner	Previous License Number	

**Statement:**

I hereby certify that the information below is correct, and I fully understand that any deviation from the application without prior permission from Central Valley Health District (CVHD) may nullify final approval.

<b>Owners Signature(s):</b>	<b>Date:</b>

## **INFORMATION REQUIRED FOR SUBMISSION**

In addition to completion of the document:

1. List of food equipment: Include all food equipment in food preparation, storage, and transportation (examples include: fryer, crockpot, steam table, freezer, ice machine)
2. Provide a plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
  - a. Provide the room dimensions.
  - b. Show the location of each piece of equipment.
  - c. Label sinks and use (food preparation, handwashing, warewashing, mop sink)
  - d. Designate areas of use on the plan including but not limited to:
    - i. Entrances, exits, loading/unloading areas and docks
    - ii. Food preparation, storage, restrooms, employee area, laundry, maintenance area, chemical storage, refuse areas (interior/exterior), basements and/or cellars.
3. Plumbing and electrical certificates shall be submitted at completion of work.
4. Additional information may be requested throughout this document (menu, certification of source water supply and sewage disposal, employee health policy, time as public health control plan) or upon review of document.

## FACILITY REVIEW

### FOOD PREPARATION

Indicate the raw foods the facility will handle prepare and serve.

Eggs, fish, pork, seafood	
Beef	
Poultry (turkey, chicken)	
Shellfish	
Other:	
*Include menu	

### Food Supplies:

List food suppliers:	
How will returnable damaged goods be stored?	

### Facility Operations:

What is the timeline for facility completion?	
What is the timeline for facility opening?	
What is the seating capacity?	
What are the planned hours of operation (yearlong, seasonal, days and timeline)?	

### Service:

	Yes	No
Will the facility serve alcohol?		
Will the facility be serving undercooked or raw meats, poultry, seafood, shellfish and/or eggs?		
Are all meats whole muscle intact?		
If serving undercooked or raw items, list below:		

	Yes	No
Will the facility be serving food to a highly susceptible population?		
Will the facility be catering?		
If yes, answer the following:		
How will the temperature of foods be maintained while being transferred between the kitchen and service area?		
Where will equipment and utensils be cleaned?		

**Preparation:**

List the means that will be used to prevent bare hand contact of ready-to-eat foods:		
	Yes	No
Will all produce be washed on-site prior to use?		

**Cold Storage:**

	Yes	No
Does each refrigerator/freezer have an accurate thermometer?		
Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?		

**Thawing Frozen PHF:**

Indicate where are how frozen PHFs will be thawed. More than one method may apply.

Refrigeration	
Running Water Less than 70° F	
Microwave (as part of the cooking process)	
Cooked from Frozen State	

Other (describe):

**Hot/Cold Holding:**

How will hot PHF's be maintained at 135° F or above during holding for service?

How will cold PHF's be maintained at 41° F or below during holding for service?

\*If using Time as Public Health Control include written plan.

**Cooling:**

Indicate by checking the appropriate boxes how PHF's will be cooled to 41° F

Cooling Method	Yes	No
Shallow pans?		
Ice baths?		
Reduce volume (smaller portions)?		
Rapid chill?		
Other (describe):		

**Reheating:**

How will PHFs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds?

How will reheating food to 165° F for hot holding be done rapidly and within 2 hours?

**Employee Practices:**

Where is employee designated area for personal storage?

\*Include the written policy to exclude or restrict food workers who are sick or have infected cuts and lesions.

**Physical Facilities:**

	Yes	No
Are floors, walls, and ceilings smooth easily cleanable?		
Are lights shielded/shatterproof?		
Is there an ANSUL system?		
If applicable, how will ventilation hoods be cleaned?		
What is the facility cleaning schedule?		
If not laundering on-site how will linens be cleaned?		

**Insect and Rodent Control:**

	Yes	No
Will all outside doors be self-closing and rodent proof ?		
Are screen doors provided on all entrances left open to the outside?		
Do all openable windows have a minimum mesh screening?		
Is area around building clear of unnecessary brush, litter, boxes and other harborage?		
Will the facility contract for pest control?		
If yes, list contracted entity:		
List any other pest prevention measures:		

**Refuse:**

List waste disposal entity:		
Once removed from containers where will refuse be stored?		
	Yes	No
Will dumpsters be provided?		
Do all containers have lids?		
If facility is recycling where will recycling be taken to/picked up by?		

**Warewashing Facilities:**

List type(s) of sanitizer used:		
Chlorine		
Hot water		
Iodine		
Quaternary Ammonium		
Other		
	Yes	No
Are test papers and/or kits available for checking sanitizer concentration?		
If using hot water sanitizer, is there a temperature device available to ensure sanitizing?		

**Sewage Disposal:**

List sewage disposal entity:*		
*If sewage supply is private include approval material.		
	Yes	No
Is there a mop sink		
Are grease traps provided?		
If yes, list maintenance, service and inspection schedule:		

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**Water Supply:**

List water supply entity:		
*If water supply is private include approval material.		
	Yes	No
Is there a water treatment device?		
If yes, list maintenance, service and inspection schedule:		
Is ice made at facility?		
If yes, list maintenance, service and inspection schedule of equipment:		
If no, list entity ice is purchased from:		

**Additional Information:**

Include any additional information relevant to facility not elsewhere included:



<b>Submission Checklist</b>	<b>Included</b>	<b>NA</b>
Completed Plan Review paperwork		
Food equipment list		
Facility Layout		
Electrical information		
Plumbing information		
Additional information requested		
Certification of source water supply		
Certification of sewage disposal		
Employee health policy		
Menu		
Time as Public Health control plan		

Approval of these plans and specifications by CVHD does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. Contact the local jurisdiction regarding planning and zoning.

It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A preoperational inspection of the facility with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**For Accounting Use Only:**

Date Received: _____
Amount Received: \$ _____
Cash, MO or CK #: _____

**Send application and license fee to:**

Central Valley Health District  
122 2<sup>nd</sup> St NW  
Jamestown, ND 58401  
mabata@nd.gov