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FOOD ESTABLISHMENT LICENSE APPLICATION

Fee Required with Submission of Application

ESTABLISHMENT NAME	OWNER		
ESTABLISHMENT ADDRESS	CITY	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		
PREVIOUS LICENSE NUMBER (IF APPLICABLE)	PREVIOUS OWNER NAME/ADDRESS (IF APPLICABLE)		

ESTABLISHMENT CHARACTERISTICS

SQUARE FOOTAGE	SEATING CAPACITY	HOURS OF OPERATION
WATER SUPPLY: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Rural		SEWAGE DISPOSAL: <input type="checkbox"/> Municipal <input type="checkbox"/> Private
<u>ESTABLISHMENT TYPE</u>		<u>FEE</u>
<input type="checkbox"/> Bar or Tavern (Brewery)—serving no food		\$70.00
<input type="checkbox"/> Child Care		\$45.00
<input type="checkbox"/> Limited Restaurant		\$100.00
<input type="checkbox"/> Restaurant (seating capacity less than 75 people)		\$110.00
<input type="checkbox"/> Restaurant (seating capacity of 75 to 150 people)		\$130.00
<input type="checkbox"/> Restaurant (seating capacity greater than 150 people)		\$165.00
<input type="checkbox"/> Restaurant (Caterer)		\$80.00
<input type="checkbox"/> Restaurant (Seasonal)		\$80.00
<input type="checkbox"/> Retail Food (less than 5,000 sq. ft.)		\$130.00
<input type="checkbox"/> Retail Food (greater than 5,000 sq. ft.)		\$165.00
<input type="checkbox"/> Bakery (less than 5,000 sq. ft.)		\$130.00
<input type="checkbox"/> Bakery (greater than 5,000 sq. ft.)		\$165.00
<input type="checkbox"/> Multiple Establishment (serves 2 or more of the above categories, less than 5,000 sq. ft.)		\$165.00
<input type="checkbox"/> Multiple Establishment (serves 2 or more of the above categories, greater than 5,000 sq. ft.)		\$220.00
<input type="checkbox"/> School		\$0.00

*If you are a Salvage Food Operation, Food Processor, Vendor, or Mobile Food Unit you must contact the North Dakota Department of Food and Lodging at 701-328-1291.

By signing this application form, I affirm that I am familiar with the North Dakota Administrative Code Chapter 33-33-04.1 dealing with sanitary requirements for food and beverage establishments. Furthermore I confirm that the establishment will operate in compliance with these requirements.

AUTHORIZED SIGNATURE & TITLE			
TITLE	DATE		
For Office Use Only			
REVIEWED BY	DATE	CASH/CHECK/CC	AMOUNT

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

This must be completed and returned with the license application.

<input type="checkbox"/> New Establishment	<input type="checkbox"/> Remodeled Establishment	<input type="checkbox"/> Converted Establishment
Projected Date for Start of Construction:		
Projected Date for Completion of Project and Opening:		
Enclose the following documents:		
<input type="checkbox"/> Proposed menu <input type="checkbox"/> Plan drawn to scale of facility, showing location of equipment, plumbing, electrical services, and mechanical ventilation		

Food Preparation Review	Yes	No
Check categories of potentially hazardous foods (PHF's) to be handled, prepared, and served.		
Thin meats, poultry, fish, eggs, dairy		
Thick meats, whole poultry		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, casseroles)		
Bakery goods (pies, custards, creams)		
Other (specify)		
Food Supplies	Yes	No
Are all food supplies from inspected and approved sources?		
Cold Storage	Yes	No
Is adequate and approved freezer/refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F and below?		
Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?		
If yes, how will cross-contamination be prevented:		
Does each refrigerator/freezer have a thermometer?		
Number of refrigeration units:		
Number of freezer units:		

Thawing: Please indicate, by checking the appropriate boxes, how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
Refrigeration					
Running water less than 70°F					
Microwave (as part of the cooking process)					
Cooked frozen					
Other (describe)					

Cooking	Yes	No
Will food product thermometers (0-212°F) be used to measure final cooking/reheating temperatures of PHF's?		
List all types of cooking equipment:		

Hot/Cold Holding

How will hot PHF's be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units:

How will cold PHF's be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

Cooling: Please indicate, by checking the appropriate boxes, how potentially hazardous foods (PHF's) in each category will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
Shallow pans					
Ice baths					
Reduce volume (4 inches or less in a pan)					
Rapid chill device					
Other (describe)					

Preparation	Yes	No
Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Please describe briefly:		

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical type:
Concentration:
Is there a test kit available?

	Yes	No
Will ingredients for cold ready-to-eat foods such as tuna, eggs, and mayonnaise for salads and sandwiches be pre-chilled before mixed and/or assembled?		
Will all produce be washed prior to use?		
Is there an approved location for washing produce? If no, where will they be washed?		

Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 104°F) during preparation?

Finish Materials: Applicant must fill in materials (i.e. quarry tile, Formica, stainless steel, etc.) for all applicable locations.	Floor	Coving	Walls	Ceiling	
Kitchen					
Bar					
Food storage					
Other storage					
Toilet rooms					
Dressing rooms					
Garbage and refuse storage					
Mop service basin area					
Other					
Insect and Rodent Harborage	Yes	No	N/A		
Are all outside doors self-closing with rodent proof flashing?					
Are screen doors provided on all outside entrances?					
Do all operable windows have a minimum of #16 mesh screening?					
Are all pipes and electrical conduit chases sealed; ventilation systems exhaust and intake protected?					
Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage?					
Garbage and Refuse	Yes	No	N/A		
Do all inside garbage and refuse containers have lids?					
Is there a can cleaning sink or area?					
Number: Size: Frequency of pick-up:					
Will fryer grease be disposed of?					
If yes, who will pick it up and how often?					
Describe the surface and location where dumpster, compactor, or cans will be stored:					
Plumbing (If you have questions, contact a plumber for this section.)	Air Gap	Air Break	Integral Trap	"P" Trap	Vacuum Breaker
Water closets					
Urinals					
Dishwasher					
Garbage grinder					
Ice machines					
Ice storage bin					
Mop sink					
Janitorial sink					
Hand wash sink					
Lavatory sink					
Water station sink					
Steam tables					
Dipper wells					
Refrigeration					
Hose connection					
Are floor drains provided? If so, indicate location:					

Water Supply	Yes	No
Is water supply public or private?		
If private, has source been approved? Please attach copy of written approval and/or permit.		
Is ice made on premises or purchased commercially? If commercially, from whom? Describe provision for ice scoop and bucket storage:		
Sewage Disposal	Yes	No
Is building connected to a municipal sewer?		
If no, is private disposal system approved? Please attach copy of written approval and/or permit.		
Dressing Rooms	Yes	No
Are separate dressing rooms provided?		
Describe storage facilities for employee's personal belongings (i.e. purses, coats, boots, etc.)		
General	Yes	No
Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?		
Are all chemicals for use on the premises, including personal medications, stored away from food preparation and food storage areas?		
Are all chemical containers, including spray bottles, clearly labeled?		
Are laundry facilities located on the premises? If yes, what will be laundered?		
Location of clean linen storage:		
Location of dirty linen storage:		
Indicate all areas where exhaust hoods are installed:		
Sinks	Yes	No
Is a separate mop sink present? If no, please describe location for cleaning mops and other equipment:		
If applicable, is a separate food preparation sink present?		
Dishwashing Facilities		
Will sinks or dishwashers be used for ware-washing? <input type="checkbox"/> Dishwasher <input type="checkbox"/> Two compartment sink <input type="checkbox"/> Three compartment sink		
Dishwasher information:		

<input type="checkbox"/> Hot water (temperature: _____) <input type="checkbox"/> Chemical (type: _____)		
What type and concentration of sanitizer is used for dish washing? <input type="checkbox"/> Chlorine: _____ppm <input type="checkbox"/> Iodine: _____ppm <input type="checkbox"/> Quaternary ammonium: _____ppm <input type="checkbox"/> Hot water: _____degrees F <input type="checkbox"/> Other (specify)		
	Yes	No
Do all dishwashers have temperature/pressure gauges that are accurately working?		
Is the hot water supply sufficient for the needs of the establishment?		
Does the largest pot and pan fit into each compartment of the three compartment sink, if applicable?		
Are there drain boards on both ends of the three compartment sink?		
Are test papers and/or kits available for checking sanitizer concentration?		
Handwashing/Toilet Facilities	Yes	No
Is there a handwashing sink in each food preparation areas?		
Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks?		
Are covered waste receptacles available in each restroom?		
Is hot and cold running water available at each handwashing sink?		
Are all toilet room doors self-closing?		
Are all toilet rooms equipped with adequate ventilation?		

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior approval from Custer Health may nullify this approval.	
Signature of Applicant: _____	Date: ____ / ____ / ____

Approval of these plans and specifications by Custer Health does not indicate compliance with any other codes, laws or regulations that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure of equipment). A pre-operational inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food service establishments. **The pre-operational inspection shall be completed 15 days prior to servicing the public and must be requested by the establishment owner/operator.**