



Public Health
Prevent. Promote. Protect.



Central Valley Health District
Environmental Health

FOOD SERVICE FACILITY LICENSE APPLICATION

The undersigned is familiar with the provisions of the North Dakota Century Code Chapter 23-09, Food Establishments, Lodging Establishments and Assisted Living Facilities, and with Chapter 33-33-04 of the North Dakota Administrative Code dealing with sanitary requirements for food establishments which are 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

This is a new facility This is a change in ownership

| | | | |
|--|----------------|-------------------------|----------|
| Name of Facility | | Email Address | |
| Name of Owner(s) | | Telephone Number | |
| Mailing Address | City | State | Zip Code |
| Facility Address | City | State | Zip Code |
| Number of Seats in Facility: | | | |
| Source of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Rural | | | |
| Type of Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Rural | | | |
| IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW: | | | |
| Previous Facility Name | Previous Owner | Previous License Number | |

Food Service License Fee: Risk 1 -\$130.00 Risk 2 -\$160.00 Risk 3 -\$210.00 Risk 4 -\$280.00

Send application and license fee to:

Central Valley Health District
Environmental Health Division
122 2nd St NW
Jamestown, ND 58401
Telephone: 701.252.8130

Signature of Owner/Manager

Date Signed

For Accounting Use Only:

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

Environmental Health Use Only:

| | |
|-----------------|-------------|
| Approved: _____ | Hold: _____ |
|-----------------|-------------|