



**FOOD ESTABLISHMENT LICENSE APPLICATION**

403 Burlington St SE  
 Mandan, ND 58554  
 701-667-3370  
 www.westernplainsph.org

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

**SECTION 1: FOOD ESTABLISHMENT AND OWNER INFORMATION**

Check the appropriate box(es) and complete all applicable information. (See Page 2 for Instructions)

<b>New Business/Change in Ownership</b>			
<input type="checkbox"/> New business/newly built establishment or new construction			
<input type="checkbox"/> Change in ownership of an existing, previously licensed establishment and no remodel			
<input type="checkbox"/> Change in ownership or existing owner with extensive remodel, renovation, or converted use			
Previous Business Name		Previous Owner Name	
<b>Food Establishment Information</b>			
Business Name		Days and Hours of Operation	
Business Physical Address		City	ZIP Code      County
Email Address		Business Telephone Number	
<b>Owner Information</b>			
Owner Name			
Owner Mailing Address (if different from above)		City	State      ZIP Code
Email Address (if different from above)		Owner Telephone Number	
<b>Food Establishment License Types</b>			
Check all license types that apply if operated at the same premises under the same ownership.			
Bakery			
<input type="checkbox"/> Bar/Tavern (beverage and liquor sales only; no food service)			
<input type="checkbox"/> Child Care Food Service Establishment			
<input type="checkbox"/> Limited Restaurant (food service is restricted to a limited menu such as heat and serve only)			
<input type="checkbox"/> Multiple Establishment			
<input type="checkbox"/> Restaurant/Catering/Seasonal (food service, dining, cafe, catering, or fast food)			
<input type="checkbox"/> Retail Bakery (commercially processed and packaged baked goods; may be standalone or part of a grocery store)			
<input type="checkbox"/> Retail Food Store (commercially processed and packaged time and temperature control for safety [TCS] food products; may be standalone or part of a grocery store)			
<input type="checkbox"/> Retail Meat Market (federal- or state-inspected meat products which are commercially processed and packaged; may be standalone or part of a grocery store)			
<input type="checkbox"/> School (K-12) Food Service Establishment			
Square Footage (for food prep, storage, display or service areas)		Dining/Seating Capacity (if applicable)	If no seating-average number of daily meals
<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal		List months of operation (if seasonal)	<input type="checkbox"/> Alcoholic beverages sales/license number
<b>LICENSE EXPIRES DECEMBER 31<sup>ST</sup> OF EACH YEAR</b>			
<b>Food Establishment License Fees are available at <a href="http://westernplainsph.org/retail-food-license-inspection-program">westernplainsph.org/retail-food-license-inspection-program</a>. License fees will be determined by the WPPH after review of the submitted application. For questions call WPPH-Environmental Health at 701-667-3370. Before operating this establishment, you must contact the Secretary of State at 701-328-4284.</b>			

**Send application to:**

Western Plains Public Health  
 Environmental Health  
 403 Burlington St SE  
 Mandan, ND 58554

Email: [eh@westernplainsph.org](mailto:eh@westernplainsph.org)  
 -or-  
 Fax: 701.667.3371

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 facility 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
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## FOOD ESTABLISHMENT LICENSE APPLICATION

### SECTION 2: INSTRUCTIONS

1. No license will be issued until a pre-opening inspection is conducted, and the food establishment is in compliance.
2. Fill out the application completely and submit the \$100 plan review fee. An incomplete application cannot be processed and will be returned to the sender which may delay the review and result in the denial of licensure.
3. **A plan review and approval are required for new construction of a food establishment or extensive remodel, conversion, or renovation of an existing establishment.** When applicable, complete **Section 3: Plan Review Checklist** found on page 3 and submit with the license application at least **30 days prior** to beginning construction. Construction standards for a food establishment are available in the [Food Establishment Plan Review Manual](#).
4. Allow 3 – 5 business days, WPPH will contact the submitter to confirm receipt of a complete application and plans submittal and will determine license fee payment based on the set fee schedule available at [westernplainsph.org/retail-food-license-inspection-program](http://westernplainsph.org/retail-food-license-inspection-program).
5. WPPH will review facility plans after receipt of this application and the required \$100 plan review fee are received. Following payment, allow up to **10 calendar days** for review. Upon completion of the review, WPPH will determine the facility fee which shall be paid prior to preoperative inspection. Written notice confirming approval of plans or detailing revisions needed will be communicated within this timeframe.
6. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify WPPH of any changes made to the plan layout, equipment, process flow, or submitted documents.
7. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by WPPH. In addition, the following agencies should be contacted for any necessary approvals/certifications (as applicable). Required documentation must be submitted to WPPH prior to final license approval, including but not limited to:
  - Local Building Code Authority Contact your city or county for a building permit, building inspection, or certificate of occupancy.
  - ND Secretary of State Register your business at [sos.nd.gov/business/business-services](http://sos.nd.gov/business/business-services) or call 701-328-2900.
  - ND State Tax Commissioner Apply for state tax ID number at [nd.gov/businessreg/tax/index.html](http://nd.gov/businessreg/tax/index.html) or call 701-328-1241.
  - ND Attorney General Apply for a liquor license at [attorneygeneral.nd.gov](http://attorneygeneral.nd.gov) or call 701-328-2210.
  - ND State Fire Marshal Request a fire inspection from the state or local fire authority at [firemarshal.nd.gov](http://firemarshal.nd.gov) or call 701-328-5555.
  - ND State Plumbing Board Request a plumbing certification or proof of licensed installation at [ndplumbingboard.com](http://ndplumbingboard.com) or call 701-328-9977.
  - ND State Electrical Board Request an electrical certificate or proof of licensed installation at [ndseb.com](http://ndseb.com) or call 701-328-9522.
  - ND Dept. of Environmental Quality Submit water and wastewater system plans for approval to Division of Municipal Facilities at [deg.nd.gov/MF](http://deg.nd.gov/MF) or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact your Local Public Health Unit for permit requirements.
8. Proceed to **Section 3** on the next page, complete the **Plan Review Checklist**, and enclose with application, \$100 plan review fee and requested documents.

*For questions or assistance, please contact Western Plains Public Health-Environmental Health at 701.667.3370 or 1.888-667-3370 or email [eh@westernplainsph.org](mailto:eh@westernplainsph.org).*

## FOOD ESTABLISHMENT LICENSE APPLICATION

### SECTION 3: PLAN REVIEW CHECKLIST

Requirements provided in this document are consistent with North Dakota Century Code 23-09 and the North Dakota Food Code (Administrative Code 33-33-04.1). The ND Food Code is based on the 2017 FDA Model Food Code (<https://www.fda.gov/food/fda-food-code/food-code-2017>) and contains requirements for protecting public health and ensuring food is safe and honestly presented.

#### PROJECT MANAGER INFORMATION

Construction, Remodel, Conversion, or Renovation Estimated Dates			
Project Start Date		Estimated Project Completion Date	
Point of Contact/Applicant Information (Owner/Architect/Contractor)			
Point of Contact			
Mailing Address		City	State
Email Address		Telephone Number	
<input type="checkbox"/> Use of shared commercial kitchen		Name and Location of Facility	

**A. Attach a proposed menu or list of food and beverages to be offered.**

- A consumer advisory may be required if animal foods will be offered as rare, raw, or under cooked. See page 6 'Cooking' and FDA Food Code Chapter 3.

**B. Submit a floor plan drawing (8.5 X 11 to scale minimum) showing the following:**

- Identify the locations of all entrances, exits, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, and garbage room.
- Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks. All sinks shall be located to prevent cross-contamination.
- Include equipment list and equipment specification sheets.
- Include room size, aisle space, and spaces between, under, or behind equipment.
- Label the location of all food storage, heating, cooling, and service equipment with the common name (examples of equipment include refrigeration, walk-in coolers, walk-in freezers, hot-holding units, buffet units, ice machines, stovetops/grills, ovens, warmers, and fryers).
- Provide exhaust ventilation layout including location of hood, and fire suppression equipment, if applicable.
- Indicate if your food establishment will have exposed (unscreened) outer openings (i.e., retractable doors, etc.) (must install screen or air curtain if intending to have open to outside)

**C. Plan Review Checklist**

- Complete **Section 3**, pages 4 – 10 and submit with application and requested documents.
- For questions about specifications, see the [Food Establishment Plan Review Manual](#).

**D. Hazard analysis and critical control point (HACCP) Plan Submittal (if applicable).**

Submit a [HACCP Plan](#) and request a variance or waiver for special processes such as curing food, reduced oxygen packaging, cook-chill, sous vide, smoking for preservation not only for flavor, or using additives to preserve food not only as a flavor enhancement. See page 7 "Specialized Processes" and FDA Food Code Chapter 3.

**SECTION 3: PLAN REVIEW CHECKLIST (CONTINUED)**

Complete all information as thoroughly as possible (Y = Yes, N = No, N/A = Not Applicable). When answering 'No', provide explanation. Missing or incomplete information may delay the plan review and approval process.

References: North Dakota Food Code ([fda.gov/media/87140/download](http://fda.gov/media/87140/download))

**EMPLOYEE HEALTH AND PERSONAL HYGIENE**

EMPLOYEE TRAINING (Food Code Chapter 2)	Y	N	N/A
<p>1. Will employees be trained on all the following?</p> <ul style="list-style-type: none"> <li>○ Proper handwashing</li> <li>○ No bare-hand contact with ready-to-eat foods</li> <li>○ Food safety</li> <li>○ Food allergy awareness</li> <li>○ Food defense from intentional contamination</li> <li>○ Preventative controls</li> <li>○ Corrective actions</li> <li>○ Illness reporting</li> <li>○ No unnecessary persons in the food areas</li> </ul> <p>2. Will at least 1 employee per shift hold a food safety training certificate?</p> <p>Will a Certified Food Protection Manager (CFPM) be employed? Date Certified: _____</p> <p>Is a food safety training certificate held by at least 1 employee?                      Food safety training certificates can be obtained at:  <a href="https://www.statefoodsafety.com/CustomPortal/WesternPlainsND/">https://www.statefoodsafety.com/CustomPortal/WesternPlainsND/</a>                      CFPM is not required in ND Food Code but is highly recommended. Additional resources about becoming a CFPM are available online at <a href="http://hhs.nd.gov/foodandlodging">hhs.nd.gov/foodandlodging</a>.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
EMPLOYEE HEALTH POLICY (Food Code Chapter 2)	Y	N	N/A
<p>2. Will an employee health policy be implemented?</p> <ul style="list-style-type: none"> <li>○ Including symptoms that require exclusion or restriction from working with food:                             <ul style="list-style-type: none"> <li>○ Diarrhea</li> <li>○ Vomiting</li> <li>○ Jaundice</li> <li>○ Sore throat with fever</li> <li>○ Lesions</li> </ul> </li> <li>○ Including reportable diagnosis which require the <b>Person in Charge</b> to report to the <b>Regulatory Authority</b> and receive approval before employee returns to work:                             <ul style="list-style-type: none"> <li>○ Norovirus</li> <li>○ Typhoid fever</li> <li>○ Salmonellosis</li> <li>○ Shigellosis</li> <li>○ STEC infection</li> <li>○ Hepatitis A</li> </ul> </li> </ul> <p>To learn more about what an employee health policy should involve, download a free copy of the <a href="#">Employee Health and Personal Hygiene Handbook</a>. Additional employee health resources are available at <a href="http://hhs.nd.gov/foodandlodging">hhs.nd.gov/foodandlodging</a>.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

### FOOD SOURCE, STORAGE/DISPLAY, and PROCESSES

<b>FOOD SOURCE (Food Code Chapter 3)</b>
3. All food supplies must be from inspected and approved sources. Provide names of food supplier(s), delivery company, etc.:

<b>FOOD STORAGE/DISPLAY (Food Code Chapter 3)</b>			
4. Identify the location of each on the floor plan. Provide the space (estimated in cubic feet) and list the number of units (refrigerators/freezers) available:			
Dry storage cu ft: _____	Cold storage cu ft: _____ # of units: _____	Frozen storage cu ft: _____ # of units: _____	
Cold Storage Equipment list (select all that apply):			
<input type="checkbox"/> Upright Reach-In <input type="checkbox"/> Under counter (low boy, high boy, drawers) <input type="checkbox"/> Preparation Table <input type="checkbox"/> Display Unit <input type="checkbox"/> Walk-In Refrigerator <input type="checkbox"/> Walk-In Freezer <input type="checkbox"/> Other: _____			
<b>Each refrigerator/freezer requires a thermometer to verify temperature. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.</b>			
Thermometers present in each unit?			Y      N
5. Description of off-site (remote) storage locations (if applicable):			
6. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
If yes, how will cross-contamination be prevented?			
<b>Food contact equipment, single-service items including packaging, and foods on display must be protected from contamination by storing in a clean, dry container, where it is not exposed to splash, dust, or other contamination and at least 6 inches off the floor.</b>			

<b>FOOD PROCESSES (Food Code Chapter 3)</b>			
7. Select all applicable types of Temperature Control for Safety foods (TCS) that will be stored, prepared, served, and sold:			
<input type="checkbox"/> Thin cuts of meat, poultry, or fish	<input type="checkbox"/> Hot foods (soups, stews, casseroles)		
<input type="checkbox"/> Thick cuts of meat, roasts, or whole poultry	<input type="checkbox"/> Bakery goods (pies, custards, creams)		
<input type="checkbox"/> Cold foods (salads, sandwiches, vegetables)	<input type="checkbox"/> Other TCS foods:		
<input type="checkbox"/> Shellfish or seafood			
If processes will not be used indicate N/A:			Y      N      N/A
8. Washing of Fruits and Vegetables			
○ Will a designated food preparation sink be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Will chemicals be used for washing fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A
<p>9. Thawing of TCS foods</p> <ul style="list-style-type: none"> <li>○ Will be done under refrigeration at 41°F or below.</li> <li>○ Will be done completely submerged under running water 70°F or below.</li> <li>○ As part of the cooking process (such as microwave then immediate cooking)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>10. Cooking</p> <ul style="list-style-type: none"> <li>○ Will all foods be cooked per Food Code requirements? <ul style="list-style-type: none"> <li>▪ If No: <ul style="list-style-type: none"> <li>• Is a consumer advisory provided as required?</li> <li>• Indicate the foods which will be served undercooked/raw: <ul style="list-style-type: none"> <li><input type="checkbox"/> Eggs to order <input type="checkbox"/> Steaks <input type="checkbox"/> Hamburgers <input type="checkbox"/> Sushi</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Is a thermometer or other temperature measuring device available to measure final cooking temperatures?</li> </ul> <p>Equipment (check all that apply):</p> <input type="checkbox"/> Stovetop <input type="checkbox"/> Oven <input type="checkbox"/> Fryer <input type="checkbox"/> Broiler <input type="checkbox"/> Grill <input type="checkbox"/> Cook Top <input type="checkbox"/> Griddle <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>11. Hot Holding</p> <ul style="list-style-type: none"> <li>○ Will foods be cooked and then held until service (at &gt;135°F)? <ul style="list-style-type: none"> <li>▪ If yes; indicate type and total number of hot holding units: _____</li> </ul> </li> <li>○ Will customer self-service (buffet-style) be provided?</li> <li>○ Will food items being hot held be saved for reuse or leftovers?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>12. Cold Holding</p> <ul style="list-style-type: none"> <li>○ Will foods be prepared and then held until service (at 41°F or less)?</li> <li>○ Will customer self-service (salad bar, buffet-style) be provided?</li> <li>○ Will food items being cold held be saved for reuse or as leftovers?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>13. Cooling</p> <ul style="list-style-type: none"> <li>○ Will TCS foods be cooled following preparation at room temperature, cooking, heating, or reheating?</li> </ul> <p>If YES, select from the following methods used to cool food to 41°F within 6 hours (from 135° to 70°F in 2 hours and to 41°F within 4 hours):</p> <input type="checkbox"/> Shallow pans <input type="checkbox"/> Ice baths <input type="checkbox"/> Reduce volume <input type="checkbox"/> Rapid chill (ice wand, blast chiller) <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Reheating</p> <ul style="list-style-type: none"> <li>○ Will foods be reheated for immediate service (leftovers, prepackaged precooked food items)?</li> <li>○ Will foods be reheated for hot holding (heated to 165°F for 15 seconds within 2 hours and then maintained at 135°F or higher)?</li> <li>○ Will food items reheated for hot holding be saved for reuse or as leftovers?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Y	N	N/A
15. Specialized processes* <ul style="list-style-type: none"> <li>○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill)</li> <li>○ Curing, Brining, Fermenting</li> <li>○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)?</li> <li>○ Smoking (for food preservation)</li> <li>○ Other</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*A Hazard Analysis Critical Control Point (HACCP) Plan or variance waiver request may be required.

### FACILITY INFORMATION

Facility is a shared commercial kitchen that is currently approved  
**(If checked above, *Finish Schedule* and *Physical Facilities* Sections are not required; Skip to Page 8).**

Name of Facility: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

### FINISH SCHEDULE (Food Code Chapter 6)

16. Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic covered molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation/Kitchen				
Dry Food Storage				
Warewashing/Dishwashing Area				
Walk-in Refrigerators and Freezers				
Mop/Service Sink				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other area:				

Provide the finish of the following:

Cabinets:

Countertops:

Shelving:

PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6)	Y	N	N/A
<p>17. Ventilation and Fire Suppression*</p> <ul style="list-style-type: none"> <li>○ Grease laden vapors will be produced during cooking? ** <input type="checkbox"/></li> <li>○ Exhaust hoods present over all cooking equipment? <input type="checkbox"/> <ul style="list-style-type: none"> <li>▪ If YES; Label location(s) of hoods on floor plan drawing.</li> </ul> </li> <li>○ Indicate the fire suppression or extinguishers located on-site:           <ul style="list-style-type: none"> <li><input type="checkbox"/> 2A10BC extinguisher    <input type="checkbox"/> Type K extinguisher    <input type="checkbox"/> Fire suppression system</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> <p>*Local regulations may govern ventilation and fire protection requirements. Submit a copy of the fire inspection report when available.</p> <p>** Grilling or frying activities which produce grease laden vapors require a hood AND fire suppression system, and a Class K fire extinguisher; ND Fire Code Chapter 3, Section 319 and ND Administrative Rule 10-07-01-04.</p>			
<p>18. Handwashing Facilities</p> <ul style="list-style-type: none"> <li>○ Identify total number of the handwashing sinks in each of the following locations:</li> </ul> <p>Food preparation: _____ Warewashing area: _____ Bar area: _____</p>			
<p><b>All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.</b></p> <p><b>Handwashing signs</b> are available for download at: <a href="https://hhs.nd.gov/foodandlodging">hhs.nd.gov/foodandlodging</a>.</p>			
<p>19. Warewashing/Dishwashing Facilities</p> <p><b>Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):</b></p> <p style="text-align: right;">Y    N    N/A</p> <p>Manual Dishwashing</p> <ul style="list-style-type: none"> <li>○ 3-compartment sink(s) dimensions: Length _____ Width _____ Depth _____</li> <li>○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <input type="checkbox"/> <ul style="list-style-type: none"> <li>▪ If NO, how will the cleaning and sanitizing of those large items be completed: _____</li> </ul> </li> <li>○ What type of food-contact sanitizer will be used?           <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical, Type(s): _____ (Chlorine, quat, iodine, etc.)</li> <li>-or- <input type="checkbox"/> Hot Water, Sanitizing Temperature: _____</li> </ul> </li> </ul> <p style="text-align: right;">Test Strips on site? <input type="checkbox"/></p> <p style="text-align: right;">Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/></p>			



	Y	N	N/A
<input type="checkbox"/> <b>Mechanical Dishwashing</b> <ul style="list-style-type: none"> <li>○ Are the temperature and pressure gauges accurately working?</li> <li>○ What type of food-contact sanitizer will be used?  <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical, Type(s): _____                      (Chlorine, quat, iodine, etc.)</li> <li style="text-align: right;">Test Strips on site?</li> </ul> </li> <li>-or-</li> <li><input type="checkbox"/> Hot Water, Sanitizing Temperature: _____                      Maximum temperature thermometer or temperature strips on site?                      Hot water booster present?                      Ventilation hood installed above the dishwasher?</li> <li>○ Will clean in place need to be done for any equipment?  <ul style="list-style-type: none"> <li>▪ If YES; list/describe kitchen equipment: _____</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there adequate space provided for air drying dishes and utensils? <ul style="list-style-type: none"> <li>▪ Describe the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks:            _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Additional Sink Facilities <ul style="list-style-type: none"> <li>○ Is there a mop/service sink (at least 1 is required)?</li> <li>○ Is there a food preparation sink (i.e., fruit and vegetable washing)?</li> <li>○ Is there a dump sink (dedicated to discarding liquids, i.e., bar area drinks or coffee)?</li> <li>○ Other:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Water Supply <ul style="list-style-type: none"> <li>○ Is the water sourced from a public system?  <ul style="list-style-type: none"> <li>▪ If YES; indicate the type: <input type="checkbox"/> municipal/city water <input type="checkbox"/> rural water</li> </ul> </li> <li>○ Is the water sourced from a private system (i.e., private well water)?  <ul style="list-style-type: none"> <li>▪ If YES; a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing:  <a href="https://deg.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf">https://deg.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf</a></li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ice <ul style="list-style-type: none"> <li>○ Will ice be purchased commercially?</li> <li>○ Will an ice machine be used on-site for ice production?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Sewage Disposal <ul style="list-style-type: none"> <li>○ Is the sewage disposal through a public municipal/city system?</li> <li>○ Is the sewage disposal through a private system?  <ul style="list-style-type: none"> <li>▪ If YES; a copy of the written approval or permit will be required.</li> </ul> </li> <li>○ Are grease traps/interceptors installed for the disposal system?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Plumbing <ul style="list-style-type: none"> <li>○ Is all plumbing work installed to code?            (Attach certificate or proof of licensed installation or provide explanation of "NO"):            _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A
<b>26. Restrooms</b> ○ Number and location to code? ○ Covered waste receptacle in women's restroom? ○ Handwashing facilities with hot/cold water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27. Employee Storage/Dressing Rooms</b> ○ Suitable area for storage of employee belongings and changing area if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>28. Poisonous or Toxic Materials (FDA Food Code Chapter 7)</b> ○ Will only poisonous or toxic materials necessary for the operation of the establishment be allowed, be clearly labeled, and will they be stored to prevent contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>29. Pest Control Management Program</b> ○ Will all outside doors be self-closing and rodent proof? ○ Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? (If applicable select method of protection below) <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means ○ Pest control management contractor planned? ○ Is area around building clear of unnecessary brush, litter, and other harborage? ○ Will all pipes and electrical conduit chases be sealed to prevent pests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30. Refuse, Recyclables, and Returnables</b> ○ Do all garbage or refuse containers have lids for when not in continuous use? ○ Will a dumpster(s) or compacter be used outside? ▪ If YES; Number: _____ Frequency of pick-up: _____ ○ How will refuse containers and floor mats be cleaned: ○ Will grease storage containers be stored on-site? ▪ If YES; describe location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preoperational inspection of the establishment will be necessary to determine compliance with laws governing foodservice establishments and to determine the license approval prior to operation. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from Western Plains Public Health may void this submission for plans review.**

\_\_\_\_\_  
Signature of Owner/Responsible Party

\_\_\_\_\_  
Date Signed

*For questions or assistance, please contact Western Plains Public Health-Environmental Health at 701.667.3370 or 1.888.667.3371 or email [eh@westernplainsph.org](mailto:eh@westernplainsph.org).*

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