



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Complete and return this application and other requested documents to

FCPHFood@FargoND.gov

SECTION 1: INSTRUCTIONS

1. No license will be issued until a pre-operational inspection is conducted.
2. Incomplete applications cannot be processed and will be returned to the sender. If assistance is needed in completing the application, please call 701.476.6729 to schedule an appointment with an inspector.
3. Construction plans are required for any new establishments or remodeled establishments. Please submit plans to the appropriate building inspections department – Fargo or West Fargo and they will send the plans to the health department for review.

Note: Construction plans will not be reviewed/approved until a completed Food Establishment Plan Review Application and menu have been returned to FCPH for review.

4. The health department will complete the review of the Plan Review Application/Menu and other documents and respond to the applicant with any questions or clarifications. The menu and the application need to be accurate as licensing is based off of this review. The menu must include ingredients of all items.
5. Notify the health department of any changes to the plan layout, equipment, process flow, menu, or other submitted documents.
6. Other agencies that may be required for your business:
 - City of Fargo Building Inspections 701.241.1561
<https://fargond.gov/city-government/departments/inspections>
 - City of West Fargo Building Inspections 701.515.5380
<https://www.westfargond.gov/190/Building>
 - City of Fargo Auditor's office <https://fargond.gov/city-government/departments/auditors>
 - City of West Fargo Liquor Control <https://www.westfargond.gov/906/Liquor-Control-Board>
 - ND Secretary of State <https://sos.nd.gov/business/business-services>
 - ND State Tax Commissioner <https://www.tax.nd.gov/>
7. Proceed to Section 2. Complete the Plan Review Checklist and return entire document along with other requested documents to the health department:

Fargo Cass Public Health or
Attn: Environmental Health
1240 25th Street South
Fargo, ND 58103

Email: FCPHFood@FargoND.gov

SECTION 2: FOOD ESTABLISHMENT AND OWNER INFORMATION (check the appropriate boxes and complete all information)

APPLICATION SUBMITAL REASON	
<input type="checkbox"/>	New business/newly built establishment or new construction – <i>Construction plan and equipment schedule submittal required</i>
<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 – <i>Construction plan and equipment schedule submittal required</i>
FOOD ESTABLISHMENT INFORMATION	
Name of Establishment:	
Doing Business As:	
Business Address:	
Business Phone Number:	
Business Email Address:	
OWNER INFORMATION	
Owner Name:	
Phone Number:	
Email Address:	
Billing Address:	
Projected Opening Date:	
FOOD ESTABLISHMENT LICENSE TYPES	
Check all license types that apply if operated at the same premises under the same ownership.	
<input type="checkbox"/>	Retail Food Establishment – a facility that prepares and/or serves food (and/or beverages) directly to the consumer at the premises (including delis within grocery stores, schools, churches and daycares). <u>Complete Sections 3 and 5.</u>
<input type="checkbox"/>	Grocery – a facility that sells products such as staple and accessory food related items and household goods. Staple foods are intended for home preparation and consumption. <u>Complete Sections 4 and 5.</u>
<input type="checkbox"/>	Retail Meat – a facility or department within a facility that processes fresh animal products onsite for sale. <u>Complete Sections 4 and 5.</u>
<input type="checkbox"/>	Bakery - a facility or department within a facility where only baked foods are prepared, processed and sold. <u>Complete Section 3 and 5.</u>
<input type="checkbox"/>	Alcohol Service – a facility that serves alcohol. <u>Complete Sections 3 and 5.</u>
<input type="checkbox"/>	Concessions – a vendor that prepares and serves food at entertainment/sports venues. <u>Complete Section 3 and 5.</u>
ALL LICENSES EXPIRE DECEMBER 31 ST OF EACH YEAR AND ARE NON-TRANSFERABLE	
Establishment licensing will be determined by Fargo Cass Public Health (FCPH) EHPs after review of the submitted application. Construction plans will not be reviewed/approved until a completed application and menu have been returned to FCPH for review. For questions, contact Fargo Cass Public Health at 701.476.6729.	
Send application to	Fargo Cass Public Health Attn: Environmental Health 1240 25th Street South Fargo, ND 58103
	or Email: FCPHFood@FargoND.gov
The undersigned is familiar with the 2017 FDA Food Code and further attests that the facility for which the application is made will be operated in compliance with the City ordinances and the above mentioned document.	
Owner/Designee Signature	Date

SECTION 3: RETAIL FOOD ESTABLISHMENT PLAN REVIEW CHECKLIST

A. Attach a proposed menu or list of food and beverages to be offered. The menu should list all ingredients in the food and beverage.

- A consumer advisory may be required if animal foods will be offered as raw, rare, or undercooked.
- All ingredients provided will need to be generally recognized as safe (GRAS) by the FDA.

B. Plan Review Checklist

- 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.

C. 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 smoking for flavor), or using additives to preserve food.

EMPLOYEE HEALTH AND PERSONAL HYGIENE

Employee Training <i>(If the following processes will not be used Indicate N/A)</i>	Y	N	N/A
1. Will employees be trained on all the following?			
○ Proper handwashing			
○ No bare-hand contact with ready-to-eat foods			
○ Food safety			
○ Food allergy awareness			
○ Food defense from intentional contamination			
○ Preventative controls			
○ Corrective Actions			
○ Illness reporting			
○ No unnecessary persons in the food areas			
Will a Certified Food Protection Manager (CFPM) be employed? Date Certified_____			
CFPM is not required in ND Food Code, but is highly recommended. Additional resources about becoming a CFPM are available online at https://www.hhs.nd.gov/health/food-and-lodging/health/food-safety-training			
Would your establishment have interest in local public health food safety presentations?			

Employee Health Policy <i>(If the following processes will not be used Indicate N/A)</i>	Y	N	N/A
2. Will an employee health policy be implemented?			
○ Including symptoms that require exclusion or restriction from working with food:			
○ Diarrhea			
○ Vomiting			
○ Jaundice			
○ Sore throat with fever			
○ Lesions			
○ Including reportable diagnosis which require the Person in Charge to report to Regulatory Authority (FCPH) and receive approval before employee returns to work:			
○ Norovirus			
○ Typhoid Fever			
○ Salmonellosis			
○ Shigellosis			
○ STEC infection			
○ Hepatitis A			
<p><i>FCPH has an Employee Health policy available that meets the above criteria. Please indicate (Y/N) if you would like a copy of this policy for implementation in the facility.</i></p> <p><i>If the facility has its own policy, please provide a copy to the health department for review.</i></p>			
<p>3. Will the facility have a cleanup kit and guide for effective cleanup of vomiting and diarrheal events?</p> <p><i>FCPH has a Cleanup Guide available. Please note if you would like a copy of this guide for implementation in the facility.</i></p>			

FOOD SOURCE, STORAGE/DISPLAY AND PROCESSES

FOOD SOURCE			
4. All food supplies must be from inspected and approved sources. Provide names of food supplier(s), delivery company, etc.:			
FOOD STORAGE/DISPLAY (if the following processes will not be used Indicate N/A)	Y	N	N/A
5. Will the facility have adequate space for dry storage and cold holding? Cold Storage Equipment List (select all the apply and add quantity):			
<input type="checkbox"/> Upright Reach-In Qty:_____			
<input type="checkbox"/> Under counter (low boy, high boy, drawers) Qty:_____			
<input type="checkbox"/> Preparation Table Qty:_____			
<input type="checkbox"/> Display Unit Qty:_____			
<input type="checkbox"/> Walk-In Refrigerator Qty:_____			
<input type="checkbox"/> Walk-In Freezer Qty:_____			
<input type="checkbox"/> Other: _____ Qty:_____			
Each refrigerator/freezer requires an internal thermometer to verify temperatures. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.			
6. Description of off-site (remote) storage locations (if applicable) (all of off-site storage must be in an approved facility):			
7. Will raw meats, poultry and/or seafood be stored in the same refrigeration units with cooked/ready-to-eat foods?			
	Y	N	N/A
If yes, how will cross-contamination be prevented?			
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.			

FOOD PROCESSES

8. Select all applicable types of Time and Temperature Control for Safety foods (TCS) that will be stored, prepared, served, and sold:

<input type="checkbox"/> Cut tomatoes	<input type="checkbox"/> Cut melons
<input type="checkbox"/> Cut leafy greens	<input type="checkbox"/> Hot foods (soups, stews, rice)
<input type="checkbox"/> Cold foods (salads, sandwiches, vegetables)	<input type="checkbox"/> Bakery goods (pies, custards, creams)
<input type="checkbox"/> Shellfish or seafood	<input type="checkbox"/> Other TCS foods: _____

If the following processes will not be used Indicate N/A	Y	N	N/A
9. Washing of Fruits and Vegetables			
○ Will a designated food preparation sink be available?			
○ Will chemicals be used for washing fruits and vegetables?			
○ Test strips must be available for the produce wash			
10. Thawing of TCS foods			
○ Will be done under refrigeration at 41°F or below			
○ Will be done under running water 70°F or below			
○ As part of the cooking process (such as microwave then immediate cooking)			
○ Fish will be removed from vacuumed sealed packing for thawing			
11. Cooking			
○ Will all foods be cooked per Food Code requirements?			
● If No			
● Is a consumer advisory provided as required?			
● Is a consumer advisory provided as required?			
● Indicate the foods which will be served undercooked/raw:			
<input type="checkbox"/> Eggs to order			
<input type="checkbox"/> Steaks			
<input type="checkbox"/> Hamburgers			
<input type="checkbox"/> Sushi			
<input type="checkbox"/> Fish			
<input type="checkbox"/> Other _____			
○ Is a thermometer or other temperature measuring device available to measure final cooking temperature?			
○ Equipment (check all that apply):			
<input type="checkbox"/> Stovetop			
<input type="checkbox"/> Oven			
<input type="checkbox"/> Fryer			
<input type="checkbox"/> Broiler			
<input type="checkbox"/> Grill			
<input type="checkbox"/> Griddle			
<input type="checkbox"/> Microwave			
<input type="checkbox"/> Other: _____			

If the following processes will not be used Indicate N/A	Y	N	N/A
12. Hot Holding			
<ul style="list-style-type: none"> ○ Will foods be cooked and held until service (at $\geq 135^{\circ}\text{F}$)? <ul style="list-style-type: none"> ● If yes, indicate type and total number of hot holding units: 			
<ul style="list-style-type: none"> ○ Will customer self-service (salad bar, buffet-style) be provided? 			
<ul style="list-style-type: none"> ○ Will food items being held hot be saved for reuse as leftovers? 			
13. Reheating			
<ul style="list-style-type: none"> ○ Will foods be reheated for immediate service (leftovers, prepackaged precooked food items)? 			
<ul style="list-style-type: none"> ○ 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)? 			
<ul style="list-style-type: none"> ○ Will food items reheated for hot holding be saved for reuse or as leftovers? 			
14. Cold Holding			
<ul style="list-style-type: none"> ○ Will foods be cooked/cooled and held until service (at 41°F or less)? 			
<ul style="list-style-type: none"> ○ Will customer self-service (salad bar, buffet-style) be provided? Will food items being held cold be saved for reuse as leftovers? 			
15. Cooling			
<ul style="list-style-type: none"> ○ Will TCS foods be cooled following preparation from either: <ul style="list-style-type: none"> <input type="checkbox"/> room temperature (cutting tomatoes, making sandwiches) <input type="checkbox"/> cooking/heating or reheating <p>If YES, select from the following methods (more than one may apply) used to cool food to 41°F within 6 hours (from 135°F to 70°F in 2 hours and to 41°F within 4 hours)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shallow pans <input type="checkbox"/> Reduce volume <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <input type="checkbox"/> Ice baths <input type="checkbox"/> Rapid chill (ice wand, blast chiller) <input type="checkbox"/> Other: _____ 			
16. Specialized Processes*			
<ul style="list-style-type: none"> ○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) 			
<ul style="list-style-type: none"> ○ Curing, Brining, Fermenting 			
<ul style="list-style-type: none"> ○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi) 			
<ul style="list-style-type: none"> ○ Smoking for food preservation 			
<ul style="list-style-type: none"> ○ Other (please explain) _____ 			

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

Section 4: Plan Review for Grocery / Retail Meat Establishments / Departments / C-Stores

1. Provide a list of food and beverages to be offered and their source (ex: sandwiches from XX company). Please note, all vendors need to be verified as a licensed food processor prior to allowing the wholesale of their products:

2. Describe or enclose a list of equipment for the display or storage of food (refrigerators, walk-in coolers, walk-in freezers, ice machines):

3. Will any automated temperature recording devices be used in the facility? If so, what type/company.

If the following processes will not be used Indicate N/A	Y	N	N/A
4. Specialized Processes* (Retail Meat)			
○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill)			
○ Curing, Brining, Fermenting			
○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)			
○ Smoking for food preservation			
○ Other (please explain) _____			
5. Will the facility cut meat?			
6. Will the facility cut fruit or produce?			

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

SECTION 5: FACILITY INFORMATION

- Facility is a shared commercial kitchen that is currently approved
 If checked above, Finish Schedule and Physical Facilities Sections are not required.
 Name of Facility: _____
 Please provide commissary contract with application.

FINISH SCHEDULE

1. Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, plastic covered molding, etc.). Indicate N/A as applicable

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparations/Kitchen				
Bar Area				
Dry Food Storage				
Warewashing/Dishwashing				
Walk-in Refrigerators and Freezers				
Mop/Service Sink Area				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other area:				
Provide the finish of the following:	Cabinets:			
	Countertops:			
	Shelving:			
Are lights in all food areas shielded and/or shatter resistant? Y/N				
Will equipment be new or used?				
Does the equipment meet NSF/ANSI or like certifications?				

PHYSICAL FACILITIES

	Y	N	N/A
<p>2. Ventilation and Fire Suppression – Correct hood system and fire extinguisher requirements have been verified by building inspections and the fire department.</p> <p>Please note that regular cleaning and maintenance of the hood system is required.</p>			
<p>3. Handwashing Facilities</p> <ul style="list-style-type: none"> ○ Identify total number of the handwashing sinks in each of the following locations: Food Preparation: _____ Warewashing Area: _____ Bar Area: _____ 			
<p>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 and is available upon request. Handwashing sinks shall be used for no purpose other than hand washing.</p>			

If the following processes will not be used Indicate N/A	Y	N	N/A
<p>4. Warewashing/Dishwashing Facilities</p> <p>Please note a 3 compartment sink is a requirement regardless of mechanical dishwasher.</p> <p>Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):</p>			
Manual Dishwashing			
<ul style="list-style-type: none"> ○ 3-compartment sink(s) 			
<ul style="list-style-type: none"> ○ Are there drain boards on either side of the sink? 			
<ul style="list-style-type: none"> ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <ul style="list-style-type: none"> ● If NO, will clean in place need to be done for any equipment? Please list: _____ 			
<ul style="list-style-type: none"> ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical Type: _____ <ul style="list-style-type: none"> ● Test Strips must be onsite for the chemical used -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature: _____ <ul style="list-style-type: none"> ● Maximum temperature thermometer must be onsite 			
Mechanical Dishwashing			
<ul style="list-style-type: none"> ○ Are the temperature and pressure gauges accurately working? 			
<ul style="list-style-type: none"> ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical Type: _____ <ul style="list-style-type: none"> ● Test Strips must be onsite for the chemical used -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature: _____ <ul style="list-style-type: none"> ● Is a hot water booster present? ● Is a ventilation hood installed above the dishwasher? ● Maximum temperature thermometer must be onsite 			
5. Is there adequate space provided for air drying dishes and utensils?			
6. Additional Sink Facilities			
<ul style="list-style-type: none"> ○ Is there a mop/service sink (at least 1 is required) 			
<ul style="list-style-type: none"> ○ Is there a food preparation sink (fruit and vegetable washing)? 			
<ul style="list-style-type: none"> ○ Is there a dump sink (dedicated to discarding liquids (bar area drinks, coffee, etc.) 			
<ul style="list-style-type: none"> ○ Other: _____ 			

If the following processes will not be used Indicate N/A	Y	N	N/A
7. Ice			
○ Will ice be purchased commercially?			
○ Will an ice machine be used on-site for ice production?			
8. Plumbing			
○ Is all plumbing installed to code?			
9. Employee Storage/Dressing Area			
○ Suitable area for storage of employee belongings (including beverages) located away from food, utensil, equipment prep areas and storage?			
10. Poisonous or Toxic Materials (FDA Food Code Chapter 7)			
○ 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?			
11. Pest Control Management Program			
○ Will all outside doors be self-closing and rodent proof?			
○ Will all entrances (doors/windows/garage doors) left open to the outside be protected against the entry of insects and rodents?			
○ Screens (16 mesh to 1 inch)			
○ Air curtains			
○ 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?			
12. Refuse, Recyclables, Returnables and Sewage Disposal			
○ Are grease traps/interceptors installed for the disposal system?			
○ Do all garbage or refuse containers have lids when not in continuous use?			
○ Will dumpster(s) or compactor(s) be used outside? Number: _____ Frequency of Pickup: _____ How will refuse containers and floor mats be cleaned: _____			
○ Will grease storage containers be stored on-site? If Yes; describe location: _____ Number: _____ Frequency of Pickup: _____ How will containers be cleaned: _____			

GENERAL INFORMATION	Y	N
Will the establishment prepare and serve food solely to a highly susceptible population (e.g., immunocompromised, elderly, and/or preschool-age populations)?		
Will alcohol be served in the establishment?		
Will the establishment cater? If yes, please describe:		
Will a soft serve machine (ice cream) be utilized in the establishment?		
Will the establishment produce any products to be wholesaled (e.g., items sold to a grocery store and then retailed from the grocery store)?		
If yes, will these products account for greater than 51% of sales?		

Please acknowledge the following statements by initialing in the space provided:

- _____ Should any imminent health hazard risks such as: fire, flood, sewer back-up, interruption of electrical or water service, insect or rodent infestation occur in the facility, the facility will contact the health department as soon as feasible for guidance for business closure or ongoing operation.
- _____ The facility will be aware that there are products/additives that may not be allowed to be served in food as they are not generally recognized as safe (GRAS) by the FDA. The facility may contact the health department for guidance in determining the food products GRAS standing.
- _____ Licenses are non-transferable and expire December 31st of each year. If you are selling your business, the new owner must contact the health department for plan review and licensure. If the facility requires updates to meet current health code, updates will need to take place prior to the new licensure.

The approval of this form and related documents by Fargo Cass Public Health does not indicate compliance with other codes, laws, or regulations required by fire, building, electrical, plumbing, municipal, etc. A pre-operational inspection of an establishment prior to opening is necessary to determine compliance with 2017 FDA Food Code. The 2017 FDA Food Code can be downloaded at the following link:

<https://www.fda.gov/food/fda-food-code/food-code-2017>

Send documents to Fargo Cass Public Health or Email: FCPHFood@FargoND.gov
 Attn: Environmental Health
 1240 25th Street South
 Fargo, ND 58103

The undersigned is familiar with the 2017 FDA Food Code and further attests that the facility for which the application is made will be operated in compliance with the City ordinances and the above mentioned document.

Owner/Designee Signature	Date
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