



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH MOBILE FOOD LICENSE APPLICATION

| | | | |
|-----------------------|------------------|-------|-----|
| NAME OF ESTABLISHMENT | EMAIL ADDRESS | | |
| NAME OF OWNER | TELEPHONE NUMBER | | |
| ESTABLISHMENT ADDRESS | CITY | STATE | ZIP |
| MAILING ADDRESS | CITY | STATE | ZIP |

Schedule of License Fees

- Mobile/Concessions Tier 1 \$125.00
- Mobile/Concessions Tier 2 \$175.00
- Mobile/Concessions Tier 3 \$225.00

Additional Fees:

- Additional Tier 1 units (____ units x \$62.50) \$ ____
- Commissary fee \$ 25.00

Total License Fee

Type of Unit:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Truck [^] | <input type="checkbox"/> Cart | <input type="checkbox"/> Table Stand |
| <input type="checkbox"/> Trailer [^] | <input type="checkbox"/> Concessions | <input type="checkbox"/> Caterer |

[^]Trucks and Trailers require completion of Mobile Food License Agreement

- Menu submitted for review and Tier determination

Proposed location(s) and hours of operation for unit:

Commissary location: _____

Any changes to proposed location, menu and/or commissary location must be submitted to FCPH.

The undersigned is familiar with the 2013 FDA Food Code and further attests that the unit for which the application is made will be operated in compliance with all applicable City ordinances and the above-mentioned food code.

Make check payable to:

Fargo Cass Public Health
1240 25th Street South
Fargo ND 58103-2367

Printed Name of Licensee

Signature of Licensee

Date

For more information, please call (701) 476-6729

APPROVED BY _____ DATE _____
(Environmental Health Representative)



FARGO CASS PUBLIC HEALTH MOBILE FOOD LICENSE AGREEMENT

I understand that every year I must contact Fargo Cass Public Health **prior to operation** to:

1. Schedule a pre-operational inspection
 - Submit a current menu
 - Submit general locations and hours of operation
2. Schedule a commissary inspection
3. Submit payment for the health license fee based on Tier level

The undersigned is familiar with the 2013 FDA Food Code and further attests that the unit for which the application is made will be operated in compliance with all applicable City ordinances and the above-mentioned food code.

FCPH Contact Information:

Fargo Cass Public Health
1240 25th Street South
Fargo ND 58103-2367

Phone: (701) 476-6729

Printed Name of Licensee

Signature of Licensee

Date

Mobile trucks and/or trailers have been provided with:

- Fargo Cass Public Health License
- Vehicle placarded with current year sticker

INSPECTOR _____ DATE _____
(Environmental Health Representative)