



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

Fargo Cass Public Health Food Event Application

| | |
|--|----------------|
| NAME OF OPERATION | OWNER/OPERATOR |
| BILLING NAME/MAILING ADDRESS | |
| PHONE | EMAIL |
| SITE OF PROPOSED FOOD SERVICE OPERATION | |
| DATES OF PROPOSED FOOD SERVICE OPERATION | |

A menu must be submitted to determine tier classification:

| Food Vendor Tier | Fee (Per Day) | Number of days | Fee (Per additional Unit) | Number of Units over 1 | Total |
|---------------------------------|---------------------|----------------|---------------------------|------------------------|-------|
| <input type="checkbox"/> Tier 1 | \$25 (\$125 max) | | \$10 | | |
| <input type="checkbox"/> Tier 2 | \$35 (\$175 max) | | \$20 | | |
| <input type="checkbox"/> Tier 3 | \$45 (\$225 max) | | \$30 | | |

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

SEND APPLICATION AND LICENSE FEE TO:

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

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

Printed Name of Licensee

Signature of Licensee

Date

APPROVED BY _____ DATE _____
(Environmental Health Representative)