



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

# FARGO CASS PUBLIC HEALTH 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

<input type="checkbox"/> Food Tier 1 .....	\$210.00
<input type="checkbox"/> Food Tier 2 .....	\$315.00
<input type="checkbox"/> Food Tier 3 .....	\$420.00
<input type="checkbox"/> Grocery, bakery or retail meat Tier 1 .....	\$105.00
<input type="checkbox"/> Grocery, bakery or retail meat Tier 2 .....	\$160.00
<input type="checkbox"/> Grocery, bakery or retail meat Tier 3 .....	\$185.00
<input type="checkbox"/> Schools, Churches, Group Homes Tier 1 .....	\$110.00
<input type="checkbox"/> Schools, Churches, Group Homes Tier 2 .....	\$160.00
<input type="checkbox"/> Schools, Churches, Group Homes Tier 3 .....	\$210.00
<input type="checkbox"/> Seasonal Concession Tier 1 .....	\$55.00
<input type="checkbox"/> Seasonal Concession Tier 2 .....	\$80.00
<input type="checkbox"/> Seasonal Concession Tier 3 .....	\$105.00

### Additional Fees:

<input type="checkbox"/> Pre-operational inspection fee .....	\$150.00
<input type="checkbox"/> Alcohol service with physical bar .....	\$160.00
<input type="checkbox"/> Alcohol service no physical bar .....	\$55.00
<input type="checkbox"/> Multiple unit fee for group homes .....	\$25.00/per unit
<input type="checkbox"/> Soft serve ice cream .....	\$105.00
<input type="checkbox"/> Delivery service .....	\$50.00

**Total License Fee**

**Pro-rated fee, if applicable**

The undersigned is familiar with the 2013 FDA Food Code and further attests that the facility 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

Printed Name of Licensee \_\_\_\_\_

Signature of Licensee \_\_\_\_\_

Date \_\_\_\_\_

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

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Environmental Health Representative)