



ACTIVITY APPROVAL/PERMIT FOR DHS FACILITIES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

HUMAN RESOURCES DIVISION

SFN 229 (12-2016)

FORM MUST BE SUBMITTED A MINIMUM OF THREE WEEKS PRIOR TO THE EVENT/ACTIVITY

Date of Application	Name of Facility or Site		
Contact Person			Telephone Number
Activity Name			
Description of Activities			
Any expected or known risk or safety concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
Participants			
Food Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is preparing food? <input type="checkbox"/> Vendor <input type="checkbox"/> Self	Type of Food	

If vendor, list contact:

Vendor Contact Name	Telephone Number
Vendor Number or License Number (if applicable)	

Reviewed for authorization/approval:

ND DHS Risk Management

Name	Signature	Date
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ND DHS Human Resources Director

Name	Signature	Date
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Distribution Upon Completion:

Original to be returned to DHS Risk Management

Copy to Requesting Facility/Site