

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268
 MINOT, ND 58702-1268
 PHONE (701) 852-1376 FAX (701) 852-5043

ASSISTED LIVING FACILITY LICENSE APPLICATION

NAME OF FACILITY	NAME OF OWNER		
FACILITY ADDRESS	CITY	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY PHONE NUMBER	OWNER PHONE NUMBER		
FOR A CHANGE IN OWNERSHIP, NAME AND CONTACT INFORMATION OF PREVIOUS OWNER			
WATER SOURCE MUNICIPAL PRIVATE RURAL	SEWER SYSTEM MUNICIPAL PRIVATE		
NUMBER OF LIVING UNITS			

FOR NEW CONSTRUCTION, YOU MUST INCLUDE A COPY OF THE PLUMBING CERTIFICATE AND ELECTRICAL CERTIFICATES. IF ANY INCLUDED INFORMATION CHANGES, NOTIFY FDHU IMMEDIATELY.

FEES: ALL FACILITIES:\$285

SEND APPLICATION, ASSOCIATED DOCUMENTS AND LICENSE FEE TO:

FIRST DISTRICT HEALTH UNIT
 P.O. BOX 1268:
 MINOT ND 58702-1268

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN FIRST DISTRICT HEALTH UNIT'S "RULES AND REQUIREMENTS FOR FACILITIES" AND THAT THE ABOVE LISTED ASSISTED LIVING FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

 SIGNATURE OF OWNER DATE

EHP APPROVAL: _____