

# FIRST DISTRICT HEALTH UNIT

801 11<sup>TH</sup> AVE SW – PO BOX 1268

MINOT, ND 58702-1268

PHONE (701) 852-1376 FAX (701) 852-5043

## MOTEL LICENSE APPLICATION

<b>NAME OF FACILITY</b>	<b>NAME OF OWNER</b>		
<b>FACILITY ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>FACILITY PHONE NUMBER</b>	<b>OWNER PHONE NUMBER</b>		
<b>FOR A CHANGE IN OWNERSHIP, NAME AND CONTACT INFORMATION OF PREVIOUS OWNER</b>			<b>NUMBER OF ROOMS</b>
<b>THIS FACILITY HAS ON PREMISES (CIRCLE ALL THAT APPLY):</b> SWIMMING POOL    WADING POOL    SPA    WATERPARK    INTERACTIVE WATER FOUNTAIN    RESTAURANT BAR/TAVERN    FREE/CONTINENTAL BREAKFAST    ICE MACHINE(S)    ANY OTHER TYPE OF FOOD/FOOD SERVICE			
<b>WATER SOURCE</b>		<b>SEWER SYSTEM</b>	
MUNICIPAL    PRIVATE    RURAL		MUNICIPAL    PRIVATE	
<b>LICENSE FEES:</b> 1-10 ROOMS:.....\$120 11-50 ROOMS:.....\$170 51-100 ROOMS:.....\$320 101-150 ROOMS:.....\$405 151 OR MORE ROOMS:.....\$555			

**IF YOUR MOTEL HAS ANY TYPE OF AQUATIC FACILITY, AN APPLICATION FOR LICENSE FOR THAT FACILITY SHALL BE INCLUDED.  
 IF YOUR MOTEL HAS ANY TYPE OF FOOD SERVICE, AN APPLICATION FOR LICENSE FOR THAT FACILITY SHALL BE INCLUDED.  
 YOU MUST INCLUDE A PLUMBING CERTIFICATE AND ELECTRICAL CERTIFICATE.  
 FAILURE TO INCLUDE THESE DOCUMENTS WILL RESULT IN REJECTION OF YOUR APPLICATION.**

**IF ANY CHANGES ARE MADE TO ANY OF THE ABOVE ITEMS, NOTIFY THIS OFFICE IMMEDIATELY.**

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 MOTEL SHALL BE OPERATED IN FULL  
ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:

**LICENSE SHALL BE RENEWED EACH CALENDAR  
YEAR.**

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

EHP APPROVAL: \_\_\_\_\_