FIRST DISTRICT HEALTH UNIT

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

TANNING FACILITY 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			**NUMBER OF BEDS**
WATER SOURCE: MUNICIPAL PRIVATE RURAL	**SEWER SYSTEM:** MUNICIPAL PRIVATE	**EMAIL ADDRESS OF OPERATOR**	

UP TO 10 BEDS……$135.00

11 OR MORE BEDS……..…$200.00

APPLICANTS MUST INCLUDE A COPY OF THEIR WARNING SIGN, AS REQUIRED IN ADMINISTRATIVE CODE SECTION 33-42-01-04.

YOU MUST INCLUDE AN ELECTRICAL CERTIFICATE, IF APPLICABLE.

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
PO BOX 1268
MINOT, ND 58702-1268

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR. RENEWALS AFTER FEBRUARY 1 SHALL BE 1 ½ TIMES THE REGULAR FEE. NEW LICENSES PURCHASED AFTER JUNE 30 SHALL BE ½ THE REGULAR FEE.

I CERTIFY THAT THE ABOVE NAMED FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH THE FIRST DISTRICT HEALTH UNIT "RULES AND REQUIREMENTS FOR FACILITIES":

_____

SIGNATURE OF OWNER DATE

EHP APPROVAL:_____

AMENDED JANUARY 2020