FIRST DISTRICT HEALTH UNIT

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

TEMPORARY CREW HOUSING 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			
TYPE OF HOUSING PRESENT ON SITE (CIRCLE ALL THAT APPLY): MOBILE HOMES TRAVEL TRAILERS/TRAVEL TRAILER HOOKUPS SKID SHACKS OTHER (SPECIFY) COMPANY/COMPANIES WHOSE EMPLOYEES WILL BE HOUSED ON SITE:						
WATER SOURCE:		SEWE	VER SYSTEM:			
MUNICIPAL PRIVATE RURAL			MUNICIPAL	PRIVATE		
RV DUMP:	DUMP: HOOKUPS AVAILABLE AT EACH SITE		PLAN REVIEW DONE:	NUMBER OF LOTS/SITES/UNITS:		
YES NO	WATER SEWER ELECTRIC N	ONE	YES NO			
FROM 3 TO 10 LOTS/SITES/UNITS 90.00						
FROM 11 TO 25 LOTS/SITES/UNITS						
FROM 26 TO 50 LOTS/SIT	ES/UNITS				170.00	
MORE THAN 51 LOTS/SITES/UNITS 225.00						
YOU MUST INCLUDE AN APPLICATION PACKET AS PER SECTION X SUBPART A OF THE UNIFORM LODGING CODE. FOR NEW CONSTRUCTION, YOU MUST INCLUDE A COPY OF ALL PLUMBING CERTIFICATES AND OF SLL ELECTRICAL CERTIFICATES. YOU MUST INCLUDE A COPY OF YOUR STORM SHELTER PLAN, SNOW REMOVAL PLAN, RULES AND FOOD LICENSES FOR ALL ENTITIES PROVIDING FOOD ON SITE. FAILURE TO INCLUDE THESE DOCUMENTS WILL RESULT IN THE RETURN 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 PO BOX 1268 MINOT ND 58702-1268		FIR FAC FAC	I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE FIRST DISTRICT HEALTH UNIT "RULES AND REQUIREMENTS FOR FACILITIES", AND THAT THE ABOVE LISTED TEMPORARY CREW HOUSING FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:			
LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.		SIG	SNATURE OF OWNER	RE OF OWNER		DATE
AMENDED JANUARY 2020		EH	HP APPROVAL:			