

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, INCLUDING OWNERSHIP, NOTIFY FDHU IMMEDIATELY.

FEES: ALL FACILITIES.....\$290.00

SEND APPLICATION AND
LICENSE FEE TO:

FIRST DISTRICT HEALTH UNIT
PO BOX 1268
MINOT ND 58702-1268

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE
UNIFORM LODGING CODE OF THE FIRST DISTRICT HEALTH UNIT
THAT PERTAIN TO ASSISTED LIVING FACILITIES AND THAT THE ABOVE
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: _____

REVISED 03/2023