

FIRST DISTRICT HEALTH UNIT

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

MOTEL 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			NUMBER OF ROOMS
THIS FACILITY HAS ON PREMISES (CIRCLE ALL THAT APPLY): 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			
WATER SOURCE MUNICIPAL PRIVATE RURAL		SEWER SYSTEM MUNICIPAL PRIVATE	
LICENSE FEES:			
1-10 ROOMS.....			125.00
11-50 ROOMS.....			175.00
51-100 ROOMS.....			325.00
101-150 ROOMS.....			410.00
151 OR MORE ROOMS.....			560.00

**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
 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 MOTEL FACILITIES AND THAT THE ABOVE NAMED 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: _____