

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:		SEWER SYSTEM:		EMAIL ADDRESS OF OPERATOR
MUNICIPAL PRIVATE RURAL		MUNICIPAL PRIVATE		
UP TO 10 BEDS.....				\$140.00
11 OR MORE BEDS.....				\$205.00

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

I CERTIFY THAT THE ABOVE NAMED FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL REQUIREMENTS AND RECOMMENDATIONS MADE BY THE FIRST DISTRICT HEALTH UNIT:

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

 SIGNATURE OF OWNER DATE

EHP APPROVAL: _____