

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.....\$155.00			
11 OR MORE BEDS.....\$220.00			

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: _____