

## Public Health Southwestern District Health Unit

227 16<sup>th</sup> St. West Dickinson, North Dakota 58601 Telephone: (701) 483-0171 Toll Free: 1-800-697-3145

	☐ Application /□	Ren	ewal		
☐ Restaurant / ☐ Limited	d Restaurant / □ Bar □ Baker		rern/□NL/I	□ Multiple Food/	
The undersigned is familiar with No Living Facilities, and with Chapter 33-33-04 of food establishments.	rth Dakota Century Code (Nof the North Dakota Administ	IDCC) Crative C	Chapter 23-09 – Lo ode (NDAC) dealin	dging Establishments and Assisted g with the sanitary requirements for	
The undersigned certifies that the fathe above mentioned statute and rules.	cility for which application is	made w	vill be operated in c	compliance with the requirements of	
(Failure to submit an application and fee as single of this charge)	tated under NDCC 23-09-16 napter may be charged with a			Any person violating the provisions	
PLEASE PRINT LEGIBLY:					
Name of Establishment		License Num	License Number		
Name of Owner		Telephone N	Telephone Number		
Mailing Address C	City		State	Zip	
Establishment Address C	Dity		State	Zip	
E-Mail Address					
LICENSE FEE: \$75.00 - Payal	ble to SWDHU (South	nweste	ern District Hea	alth Unit)	
Return the application & fee to:	Seating Capacity		For Off	ice Use Only	
Southwestern District Health Unit 227 16 <sup>th</sup> St. West		Date Received:			
Dickinson, ND 58601			Rcpt #:		

Deadline is January 31, 2018
A late fee may apply if received after 1-31-18

Date

Signature of Owner/Manager

Date Received:	
Rcpt #:	
Check #:	-
\$ Amount:	_
Recorded:	_

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## ☐ Application /☐ Renewal

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	stated under NDCC 23-09-16 hapter may be charged with a	may res	sult in legal action. B misdemeanor.	Any person violating the provision	<u>s</u>
PLEASE PRINT LEGIBLY:					
Name of Establishment		License Number			
Name of Owner			Telephone N	lumber	
Mailing Address	City		State	Zip	
Establishment Address	City		State	Zip	
E-Mail Address					
LICENSE FEE: \$No Fee - Pay	yable to SWDHU (Sou	thwes	tern District H	lealth Unit)	I
Return the application & fee to:	Seating Capacity		For Off	fice Use Only	
Southwestern District Health Unit 227 16 <sup>th</sup> St. West		[	Date Received	d:	

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(Failure to submit an application and fee as so of this ch	tated under NDCC 23-09-16 napter may be charged with				<u>ns</u>
PLEASE PRINT LEGIBLY:					
Name of Establishment			License Number		
Name of Owner			Telephone	Number	
Mailing Address	Dity		State	Zip	
Establishment Address C	Dity		State	Zip	
E-Mail Address					
<u>LICENSE FEE: \$100.00</u> - Pay	able to SWDHU (Sou	thwestern	District F	lealth Unit)	
Return the application & fee to:	Seating Capacity		For Of	fice Use Only	
Southwestern District Health Unit 227 16 <sup>th</sup> St. West		Date Received:			
Dickinson, ND 58601		Rcp	: #:		

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(Failure to submit an application and fee as si	tated under NDCC 23-09-16	may result in le	gal action	. Any person violating the provisions	
of this ch	napter may be charged with a	<u>a Class - B mis</u>	<u>demeanor.</u>		
PLEASE PRINT LEGIBLY:					
Name of Establishment			License Nur	mber	
Name of Owner	Name of Owner		Telephone Number		
Mailing Address C	Sity		State	Zip	
Establishment Address C	City		State	Zip	
E-Mail Address					
LICENSE FEE: \$125.00 - Pays	able to SWDHU (Sou	thwestern [	District H	lealth Unit)	
Return the application & fee to:	Seating Capacity		For Of	fice Use Only	
Southwestern District Health Unit 227 16 <sup>th</sup> St. West				d:	
Dickinson, ND 58601		Rcpt	<b>#</b> :		

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