Public Health
Prevent. Promote. Protect.

Southwestern District Health Unit

528 21st St West
Dickinson, North Dakota 58601
Telephone: (701) 483-0171
Toll Free: 1-866-483-3050

Date: _____
Paid: ☐ Cash ☐ CC ☐ Check #_____
Initials: _____

2026

☐ Application /☐ Renewal

CHILDCARE FOOD-SERVICE

The undersigned is familiar with North Dakota Century Code (NDCC) Chapter 23-09 – Lodging Establishments and Assisted Living Facilities, and with Chapter 33-33-04 of the North Dakota Administrative Code (NDAC) dealing with the sanitary requirements for food establishments.

The undersigned certifies that the facility for which application is made will be operated in compliance with the requirements of the above mentioned statute and rules.

(Failure to submit an application and fee as stated under NDCC 23-09-16 may result in legal action. Any person violating the provisions of this chapter may be charged with a Class - B misdemeanor.

PLEASE PRINT LEGIBLY:

Name of Establishment			
Name of Owner/Operator		Telephone Number	
Mailing Address	City	State	Zip
Establishment Address	City	State	Zip
E-Mail Address			

LICENSE FEE: $120.00 - Payable to SWDHU (Southwestern District Health Unit)

Return the application & fee to:

Southwestern District Health
528 21st St West
Dickinson, ND 58601

_____
Signature of Owner/Manager Date

For Office Use Only

Date Received: _____
Rcpt #: _____
Check #: _____
CC/Date: _____
$ Amount: _____
Recorded: _____