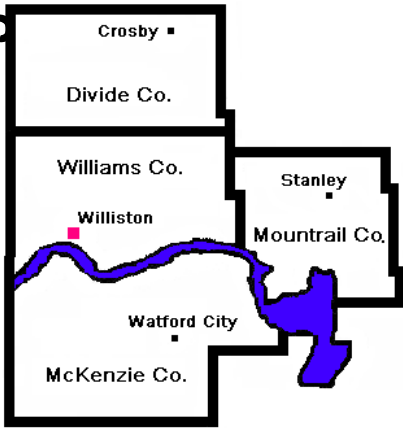


Upper Missouri District Health Unit

"Your Public Health Professionals"



DIVIDE COUNTY
 Divide Co. Courthouse
 P.O. Box 69
 Crosby, ND 58730
 Phone 701-965-6813
 Fax 701-965-6814

MCKENZIE COUNTY
 Northern Plains Building
 P.O. Box 1066
 Watford City, ND 58854
 Phone 701-444-3449
 Fax 701-842-6985

MOUNTRAIL COUNTY
 Memorial Building
 P.O. Box 925
 Stanley, ND 58784
 Phone 701-628-2951
 Fax 701-628-1294

WILLIAMS COUNTY
 110 W. Bdwy, Ste 101
 Williston, ND 58801-6032
 Phone 701-774-6400
 Fax 701-577- 8536
 Toll Free 1-877-572-3763

BODY ART FACILITY LICENSE APPLICATION

The undersigned is familiar with North Dakota Century Code (NDCC) Chapter 23-41 – Body Art Facilities, and Upper Missouri District Health Unit Rules for Body Art Facilities. 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. **Before operating this establishment you must contact the Upper Missouri District Health Unit 701-774-6400.**

This is a new establishment This is a change in ownership

PLEASE PRINT LEGIBLY

Name of Establishment		Previous License Number
Name of Owner		Telephone Number
Mailing Address		
Establishment Address (if different from mailing address)		
IF THIS IS A CHANGE IN OWNERSHIP, PROVIDE NAME OF FORMER ESTABLISHMENT AND OWNER		
Source of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Rural		Type of Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> Private

Schedule of License Fees:

Body Art\$175.00
 Conventions or Expos....\$1000.00
Send Application and License Fee to:
 Upper Missouri District Health Unit
 110 West Broadway Suite 101
 Williston, ND 58801-6032
 Telephone: 701-774-6400/1-877-572-3763

 Signature of Owner/Manager

 Date Signed

Accounting Use Only:

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Upper Missouri District Health Unit Use Only:

Approved:	Hold:
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