



Upper Missouri District Health Unit

"Your Public Health Professionals"

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

MCKENZIE COUNTY
 Northern Plains Building
 P.O. Box 1066
 109 W 5th St.
 Watford City, ND 58854
 Phone 701-444-3449
 Fax 701-842-6985

MOUNTRAIL COUNTY
 Memorial Building
 P.O. Box 925
 18 2nd Ave SE
 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

Pool License Application

Please print legibly. All areas must be completed. Failure to do so will result in the return of your application.

Name of Establishment		Previous License #	
Name of Owner		Telephone #	
Mailing Address	City	State	Zip Code
Establishment Address	City	State	Zip Code

If this is a change in ownership, provide name of former establishment and owner:

Source of water supply: Municipal Private Rural

Type of sewage disposal system: Municipal Private

Schedule of License Fees

Seasonal Pool License	\$175.00
Pools open year around	\$350.00
Float Pod	\$25.00

Send application & license fee to:

Upper Missouri District Health Unit
 110 W Broadway Suite 101
 Williston, ND 58801

I have read and understand UMDHU regulations.

Signature of owner/manager: _____

Date: _____