

# 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**

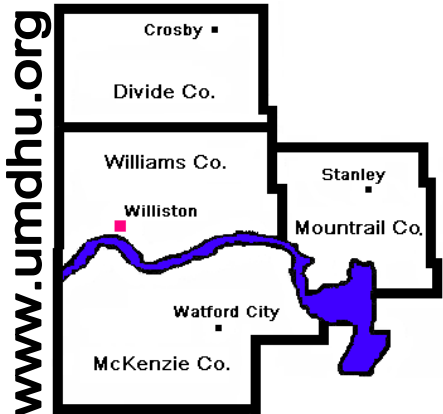
Northern Plains Building  
P.O. Box 1066  
109 W 5<sup>th</sup> St.  
Watford City, ND 58854  
Phone 701-444-3449  
Fax 701-842-6985

**MOUNTRAIL COUNTY**

Memorial Building  
P.O. Box 925  
18 2<sup>nd</sup> 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



## Restaurant 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

Risk Level 1	\$175.00
Risk Level 2	\$300.00
Risk Level 3	\$400.00
Risk Level 4	\$450.00
Daycare	\$100.00

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: \_\_\_\_\_