



# 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)		
<b>IF THIS IS A CHANGE IN OWNERSHIP, PROVIDE NAME OF FORMER ESTABLISHMENT AND OWNER</b>		
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 .....\$150.00

**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

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 Signature of Owner/Manager

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 Date Signed

Accounting Use Only:  

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Upper Missouri District Health Unit Use Only:  

Approved:	Hold:
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