

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: MunicipalPrivateRural | Type of Sewage Disposal S MunicipalPrivate | System: |
| | | |

Schedule of License Fees:

Body Art\$175.00

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

Upper Missouri District Health Unit Use Only: Approved: Hold:

Accounting Use Only: