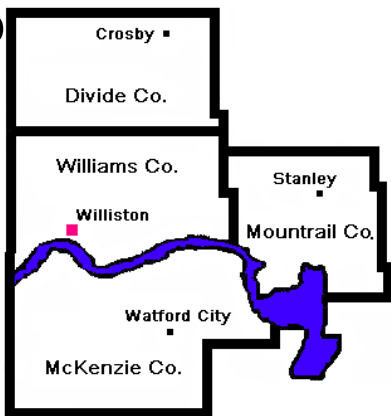


# Upper Missouri District Health Unit

*"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 | \$200.00 |
| Risk Level 2 | \$325.00 |
| Risk Level 3 | \$425.00 |
| Risk Level 4 | \$475.00 |
| 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: \_\_\_\_\_