



**Public Health**  
Prevent. Promote. Protect.



**Central Valley Health District**  
Environmental Health

**TANNING FACILITY LICENSE APPLICATION**

The undersigned is familiar with provisions of the North Dakota Century Code Chapter 23-39 and the North Dakota Administrative Code Article 33-42 which are adopted by reference by Central Valley Health District as pertaining to the operation of a tanning facility in North Dakota. Failure to comply with these regulations may result in the cancellation of this license. The undersigned also 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 facility you must contact Central Valley Health District at 701.252.8130.**

**PLEASE PRINT LEGIBLY**

This is a new facility     This is a change in ownership

Name of Facility		Email Address	
Name of Owner(s)		Telephone Number	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
Number of beds in facility (this section must be completed or your application will be returned) _____			
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 <input type="checkbox"/> Rural			
<b>IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:</b>			
Previous Facility Name	Previous Owner	Previous License Number	

**License Fee:** \$75.00 per facility plus \$10.00 per bed 1-5 beds or plus \$75.00 6+beds

**Send application and license fee to:**

Central Valley Health District  
Environmental Health Division  
122 2<sup>nd</sup> St NW  
Jamestown, ND 58401  
Telephone: 701.252.8130

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date Signed

**For Accounting Use Only:**

Date Received: _____
Amount Received: \$ _____
Cash, MO or CK #: _____

**Environmental Health Use Only:**

Approved: _____	Hold: _____
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