



TANNING FACILITY LICENSE APPLICATION

The undersigned is familiar with North Dakota Century Code Chapter 23-39 – Tanning Facilities, and with Article 33-42 of the North Dakota Administrative Code dealing with requirements for tanning facilities. 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 establishment you must contact the Secretary of State at 701.328.4284.**

This is a new establishment ☐ This is a change in ownership

Name of Establishment		Previous License Number	
Name of Owner		Telephone Number	
Mailing Address	City	State	Zip Code
Establishment Address	City	State	Zip Code
Number of Beds: _____			
Email Address (if you wish to receive renewals and other notifications via email)			
If this is a change in ownership, provide name of the former establishment and owner			
Source of Water Supply: _____ Municipal _____ Private _____ Rural			
Type of Sewage Disposal System: _____ Municipal _____ Private _____ Rural			

Schedule of License Fees

For a tanning facility with 1-5 beds – Flat fee of \$75.00 plus \$10.00/bed
For a tanning facility with 5 or more beds - \$150.00

Send application and license fee to:

Western Plains Public Health
403 Burlington St SE
Mandan, ND 58554
Telephone: 701.667.3370

Signature of Owner/Manager

Date Signed

For Office Use Only:

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

Office Use Only:

Reviewed by: _____	_____
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