



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

# TANNING FACILITY LICENSE APPLICATION

Environmental Health Division  
Lake Region District Health Unit (LRDHU)

The undersigned is familiar with provisions of the Lake Region District Health Unit (LRDHU) Tanning Facility Rules and Regulations as pertaining to the operation of a tanning facility in North Dakota. Failure to comply with the rules and 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 rules and regulations. **Before operating this facility, you must contact LRDHU at 701.662.7035.**

This is a new facility     This is a change in ownership

**PLEASE PRINT LEGIBLY**

Name of Facility			
Name of Owner		Telephone Number	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
Number of tanning devices in facility (this section must be completed or your application will be returned) _____			
Source of Water Supply:    _____ Municipal    _____ Private    _____ Rural			
Type of Sewage Disposal System:    _____ Municipal    _____ Private    _____ 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: \$100.00**

**Send application and license fee to:**

Lake Region District Health Unit  
Environmental Health Division  
524 4<sup>th</sup> Ave NE – Unit 9  
Devils Lake, ND 58301  
Telephone: 701.662.7035

\_\_\_\_\_  
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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