



# Bismarck-Burleigh Public Health

500 E Front Avenue, Bismarck, ND 58504

701-355-3400 • Fax: 701-221-6883 • Email: [bbph@bismarcknd.gov](mailto:bbph@bismarcknd.gov)

**FOR OFFICE USE ONLY:**

Date Recvd: \_\_\_\_\_

Assigned EHS: \_\_\_\_\_

## LODGING LICENSE APPLICATION

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: Bismarck State: ND Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Applicant's Name & Title: \_\_\_\_\_ Applicant's Phone #: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Number of sleeping units: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

- Fee Schedule:
- 1 - 18 Units = \$115.00
  - 19 - 35 Units = \$145.00
  - 36 - 100 Units = \$175.00
  - >100 Units = \$200.00 + \$1.00 / Unit in excess of 100 Units.

**Submit application to Bismarck-Burleigh Public Health (contact information on letterhead). Upon review of your application, the applicant will be contacted to schedule a pre-operational inspection. A lodging license will be issued only upon successfully passing a pre-operational inspection.**

*Note: A separate food and swimming pool license is required if your facility offers these services.*

With my signature, I agree operate the above named lodging establishment in accordance with Title 8 Health & Sanitation of Bismarck's Code of Ordinances and understand that failing to do so can result in loss of license to operate the above named establishment.

License Holder's Name (Print) \_\_\_\_\_

License Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_