



Bismarck-Burleigh Public Health

407 S 26th St. Bismarck, ND 58504

701-355-3400 • Fax: 701-221-6883 • Email: 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 = \$130.00
19 - 35 Units = \$160.00
36 - 100 Units = \$195.00
>100 Units = \$220.00 + \$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: _____