



RESTAURANT LICENSE APPLICATION

Environmental Health Division
Central Valley Health District

The undersigned is familiar with North Dakota Century Code Chapter 23-09, Food Establishments, Lodging Establishments and Assisted Living Facilities, and with Chapter 33-33-04 of the North Dakota Administrative Code dealing with sanitary requirements for food establishments. 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 Central Valley Health at 701.252.8130.**

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

PLEASE PRINT LEGIBLY

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 Seats in Establishment (this section must be completed or your application will be returned) _____			
IF THIS IS A CHANGE IN OWNERSHIP, PROVIDE THE NAME OF THE FORMER ESTABLISHMENT AND OWNER			
Source of Water Supply: _____ Municipal _____ Private _____ Rural			
Type of Sewage Disposal System: _____ Municipal _____ Private _____ Rural			

License Fee: \$110.00 for seating up to 30 patrons, \$150.00 for seating of 31-74 patrons, \$175.00 for seating of 75-150 patrons and \$200.00 for seating of 151 or more patrons.

Send application and license fee to:

Central Valley Health District
Environmental Health Division
122 2nd 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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