



**MOBILE HOME PARK OR RECREATIONAL VEHICLE PARK/CAMPGROUND
ANNUAL OWNERSHIP INFORMATION**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND LODGING UNIT
SFN 62410 (05-2024)

As required by NDCC 23-10-06.2, provide the name, address, and telephone number of any individual possessing more than 20% ownership interest in the entity subject to license and the mobile home park manager(s) to the department once per calendar year. (Provide additional sheets if more room is needed)

Mobile Home Park or Recreational Vehicle Park/Campground Information			
Business Name		License Number	
Business Physical Address	City	Zip Code	County
Ownership Information			
Individual Owner (First and Last Name)	Telephone Number	Percentage of Ownership	
Address	City	State	Zip Code
Individual Owner (First and Last Name)	Telephone Number	Percentage of Ownership	
Address	City	State	Zip Code
Individual Owner (First and Last Name)	Telephone Number	Percentage of Ownership	
Address	City	State	Zip Code
Mobile Home Park or Recreational Vehicle Park/Campground Manager Information			
Official Local Office Address	City	State	Zip Code
Telephone Number (manned on weekdays between 8am-5pm)	Emergency Telephone Number (manned at all times)		
Name of Park Manager or Designated Site Agent			
Park Manager or Site Agent Address	City	State	Zip Code
Park Manager or Site Agent Email Address	Park Manager or Site Agent Telephone Number		
Submit by mail, email, or fax:	ND Health and Human Services Food and Lodging Unit 1720 Burlington Dr, Suite A Bismarck, ND 58504-7736		Email: foodandlodging@nd.gov -or- Fax: 701-328-0340

The undersigned is familiar with the North Dakota Century Code Chapter 23-10 relating to mobile home parks and recreational vehicle parks/campgrounds and with Chapters 33-33-01 and 33-33-02 of the North Dakota Administrative Code dealing with mobile home parks and recreational vehicle parks/campgrounds and certifies that operation will be in compliance with the requirements of the above-mentioned statute and rules.

Owner Signature	Date
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