



# ASSISTED LIVING FACILITY LICENSE APPLICATION

Department of Health and Human Services  
Food and Lodging Unit  
SFN 19384 (10-2024)

The undersigned is familiar with the 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 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 the Secretary of State at 701.328.4284.**

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
Email Address (If you wish to receive renewals and other notifications via email)			
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			

## Schedule of License Fees

For an assisted living facility.....	\$120.00
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## Send application and license fee to:

ND Health and Human Services  
Food and Lodging Unit  
1720 Burlington Dr, Suite A  
Bismarck, ND 58504-7736  
Telephone: 701.328.1291/1.800.472.2927

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date Signed

## For State Use Only:

Date Received: _____
Amount Received: \$ _____
Cash, MO or CK #: _____

## Food & Lodging Use Only:

Approved: _____	Hold: _____
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