

Owner Signature

## MOBILE HOME PARK OR RECREATIONAL VEHICLE PARK/CAMPGROUND ANNUAL OWNERSHIP INFORMATION RENEWAL

WESTERN PLAINS PUBLIC HEALTH
Western Plains ENVIRONMENTAL HEALTH UNIT

Morton, Mercer, Grant, Oliver, and Sioux Counties

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. A separate form is required for each license being renewed. (Provide additional sheets if more room is needed to provide individual owners.)

separate form is required for each license being renewed. (Provide a		•	individual owners
Mobile Home Park or Recreational V	ehicle Park/Campgrou	ind Information	
Business Name	License Number	Accommodations (this license only)	
Business Physical Address	City	Zip Code	County
Business Mailing Address	City	State	Zip Code
Business Email Address	Business Telephone Number		
Ownership	Information		
Legal Name of Owner (if other than sole proprietor/individual, list n	ame as registered with the	North Dakota Secreta	ary of State)
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
☐ No individual possesses more than 20% ownership interest in	the license being renewed.		
Mobile Home Park or Recreational Vehic	le Park/Campground N	lanager Informatio	n
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 with the appropriate license renewal fee to:	Western Plains Public Health Environmental Health Unit 403 Burlington St SE Mandan, ND 58554		
The undersigned is familiar with the North Dakota Century Code Ch 01 and 33-33-02 relating to mobile home parks and recreational vel the requirements of the above-mentioned statute and rules and atte	nicle parks/campgrounds a	nd certifies that operat	ion will comply with

Date