



**LODGING ESTABLISHMENT LICENSE APPLICATION**  
 WESTERN PLAINS PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH UNIT  
 Morton, Mercer, Grant, Oliver, and Sioux Counties

FOR OFFICE USE
Date Received
Amount Received
CC, Cash, MO, Check #

**SECTION 1: LODGING ESTABLISHMENT AND OWNERSHIP INFORMATION**

Check the appropriate box(es) and complete all applicable information. (See Page 2 for Instructions)

Change in Ownership or New Business			
<input type="checkbox"/> New business/newly built business or new construction			
<input type="checkbox"/> Change in Ownership	Effective Date	Previous Business Name	
Previous License Number		Previous Owner Name	
Lodging Establishment Information			
Business Name			
Business Physical Address		City	Zip Code
Business Mailing Address		City	State
Business Email Address		Business Telephone Number	
Ownership Information			
<b>Before operating this establishment, you must contact the Secretary of State at 701-328-2900.</b>			
Name of Owner			
Owner Mailing Address (if different from above)		City	State
Owner Email Address (if different from above)		Owner Telephone Number	
License Information			
Number of Sleeping Rooms	Maximum Occupancy	Total Number of Structures	
Single Structures with five or fewer guest rooms and ten or fewer total occupants, a series or group of buildings or structures containing five or fewer guest rooms and ten or fewer total occupants operated as one entity under a single ownership on the same property or physical location, or a facility providing personal care services directly through contract services as defined in NDCC 23-09.3-01 or NDCC 50-32-01 do not require a lodging license. When determining maximum occupancy, a twin bed would sleep one. Full, queen and king bed would sleep two. Be certain to take into consideration all beds, including cots, pull-outs, futons, etc.			
Source of Water Supply	<input type="checkbox"/> City or Public System	<input type="checkbox"/> Private System	
Type of Sewage Disposal System	<input type="checkbox"/> City or Public System	<input type="checkbox"/> Private System	

**Lodging Facility License Fees are available at <https://www.westernplainsph.org/>. License fees will be requested by WPPH after review of the submitted application. For questions call the Environmental Health Unit at 701-667-3370.**

<b>Submit by mail, email, or fax:</b>	Western Plains Public Health Environmental Health Unit 403 Burlington St. SE Mandan, ND 58554	Email: <a href="mailto:eh@westernplainsph.org">eh@westernplainsph.org</a> -or- Fax: 701-667-3371
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The undersigned is familiar with the North Dakota Century Code Chapter 23-09 and North Dakota Administrative Code 33-39-01 relating to lodging establishments for which the application is made and certifies that operation will be in compliance with the requirements of the above-mentioned statute and rules.

<b>Owner Signature</b>	<b>Date</b>
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## LODGING ESTABLISHMENT LICENSE APPLICATION SECTION 2: INSTRUCTIONS

1. A pre-opening inspection of the business may be necessary to determine compliance with laws governing lodging establishments.
2. Fill out the application completely. An incomplete application cannot be processed and will be returned to the sender which may delay the review and result in the denial of licensure.
3. For new construction or renovation or remodel of an existing lodging establishment, complete Section 3: Plan Review Checklist found on page 3 and submit with the license application at least 30 days before beginning construction or acquiring new ownership. **Construction, renovation, or remodel may begin once plan approval has been provided.**
4. Within 3 – 5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine license fee payment based on the set fee schedule available at <https://www.westernplainsph.org/>.
5. HHS will only conduct the plan review after payment of the required license fee is received. Following payment, allow up to **30 calendar days** for review. Written notice confirming approval of plans or detailing revisions needed will be communicated within this timeframe.
6. **Changes to any plans may require additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify the WPPH of any changes made to the plan layout, equipment, process flow, or submitted documents.
7. Food service, such as continental breakfast, or retail food sales on the premises requires a separate food license. Contact [eh@westernplainsph.org](mailto:eh@westernplainsph.org) for additional information about a food establishment license application.
8. Water recreation facilities, including swimming pools, spas, and water slides must be designed, constructed, maintained, and appropriately licensed by the [local public health licensing agency](#).
9. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by the WPPH. In addition, the following agencies should be contacted for any necessary approvals/certifications (as applicable). Required documentation must be submitted to the WPPH prior to final license approval, including but not limited to:
  - Local Building Code Authority                      Contact your city or county for a building permit, building inspection, or certificate of occupancy.
  - ND Secretary of State                                      Register your business at [sos.nd.gov/business/business-services](https://sos.nd.gov/business/business-services) or call 701-328-2900.
  - ND State Tax Commissioner                              Apply for state tax ID number at [nd.gov/tax/user/businesses](https://nd.gov/tax/user/businesses) or call 701-328-1241.
  - ND State Fire Marshal                                      Request a fire inspection from the state or local fire authority at [firemarshal.nd.gov](https://firemarshal.nd.gov) or call 701-328-5555.
  - ND State Plumbing Board                                      Request a plumbing certification or proof of licensed installation at [ndplumbingboard.gov](https://ndplumbingboard.gov) or call 701-328-9977.
  - ND State Electrical Board                                      Request an electrical certificate or proof of licensed installation at [ndseb.com](https://ndseb.com) or call 701-328-9522.
  - ND Dept. of Environmental Quality                      Submit water and wastewater system plans for approval to Division of Municipal Facilities at [deq.nd.gov/MF](https://deq.nd.gov/MF) or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact your Local Public Health Unit for permit requirements.

*For questions or assistance, please contact the Environmental Health Unit at 701.667.3370 or email [eh@westernplainsph.org](mailto:eh@westernplainsph.org).*

## LODGING ESTABLISHMENT LICENSE APPLICATION

### SECTION 3: PLAN REVIEW CHECKLIST

Requirements provided in this document are consistent with North Dakota Century Code 23-09 and the North Dakota Administrative Code (NDAC) 33-39-01.

#### PROJECT MANAGER INFORMATION

Construction, Remodel, Conversion, or Renovation Estimated Dates			
Project Planned Start Date		Estimated Project Completion Date	
Point of Contact/Applicant Information (Owner/Architect/Contractor)			
Point of Contact			
Mailing Address		City	State
Email Address		Telephone Number	

#### Lodging Facility Plan Review Checklist

Enclose the following documents:

- Name and contact information of the engineering firm submitting the plans.
- Plan drawn to scale of the lodging establishment. Plans should include the location of:
  - Room layout, guest room toilet and bathing facilities
  - Smoke detector type and locations; Location of fire extinguishers and illuminated exit signs
  - Plumbing and electrical services and mechanical rooms
  - Laundry room
  - Public restrooms
  - Ice machine locations and storage of ice-dispensing utensils
  - Food service areas
  - Water recreation facilities
- Local Planning and Zoning approval.
- For new construction or expansion, approval for installing a private wastewater system issued by the Department of Environmental Quality Municipal Facilities, or a signed local septic permit, is required.
- Drinking water supply must be provided that is a public or nonpublic water system. Provide verification of an approved potable water source or satisfactory water testing.
- Housekeeping operations must be provided and conducted in a manner that minimizes contamination of facilities and conditions shall not constitute a health hazard.
- Utensil washing and sanitizing must comply with the North Dakota Food Code 33-33-4.1. If single-service items are used, all items must be stored, handled, and dispensed in a sanitary manner and may be used only once.

After submission of the application, and before a pre-operational inspection may be conducted, the following are required:

- Electrical and plumbing certificates.
- Certificate of Occupancy and/or third-party building inspection and certification.
- Fire Inspection Report completed by the state or local fire authority when applicable.
- Keep a guest record that includes the individual guest's name, address, and the number of occupants in a room.

**Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment may be necessary to determine compliance with laws governing lodging facilities and to determine the license approval prior to operation. Certificates and permits may be submitted during the pre-operational inspection if not available at this time. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from the Environmental Health Unit may void this submission for plan review.**

Owner Signature	Date
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*For questions or assistance, please contact the Western Plains Public Health  
Environmental Health Unit at 701.667.3370 or email  
[eh@westernplainsph.org](mailto:eh@westernplainsph.org)*

**Submit by mail, email, or fax:**

Western Plains Public Health  
Environmental Health Unit  
403 Burlington St. SE  
Mandan, ND 58554

Email: [eh@westernplainsph.org](mailto:eh@westernplainsph.org)  
-or-  
Fax: 701-667-3371