



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

FARGO CASS PUBLIC HEALTH
1240 25th Street South
Fargo, North Dakota 58103-2367
(701) 476-6729 Fax (701) 298-6929

MOTEL AND HOTEL LICENSE APPLICATION

NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

OWNER/OPERATOR _____

Billing/MAILING ADDRESS _____

PHONE _____ EMAIL _____

MOTEL AND HOTEL:

Total Units 1-18	\$125.00 Fee
Total Units 19-35	\$160.00 Fee
Total Units 36-100	\$195.00 Fee
Total Units 101 and over	\$225.00 + \$1.00/unit over 100 units (Maximum of \$450.00)

No. of Rooms _____ **Annual Fee \$** _____

Fees must be paid prior to January 1st of each year and are effective through December 31st.

The undersigned is familiar with the "Requirements for Hotel-Motel Establishments" and further attests that the facility for which the application is made will be operated in compliance with City ordinances and the above-mentioned document.

Date _____ Signature _____

(Please do not write below this line)

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

APPROVED BY _____ DATE _____

(EHP or REHS)