(Return in	triplicate)	FISCAL	NOTE		
Bill/Resolu	tion No.: _	HB 1201	Amendment	to:	
Requested b	y: <u>Legislat</u>	ive Council	Date of R	eceipt: <u>1-4-</u>	89
Please esti	mate the fi	scal impact	of the above	measure for:	
X State	general or :	special fund	ls Cou	nties	Cities
In the foll measure:	owing space	note the fi	scal effect	in dollars of	this
Narrative:					
			lations regardi licensing fees	ng the inspecti •	on of previou
State Fisca	l Effect:				
1989 General	-90 Special	199 General	90-91 Special	<u>Bienniur</u> General	
<u>Fund</u>	<u>Funds</u>	_Fund	<u>Funds</u>	_Fund	Special _Funds_
\$25,000		\$25,000		\$50,000	
County and	City Fiscal	Effect:			
1989- Counties	Cities	1990 Counties	0-91 Cities	Biennium Counties	Total Cities
If additional space is needed, attach a supplemental sheet.			Signed Robert M. Went mo		
			Typed Name	Typed Name Robert M. Wentz, M.D.	
Date Prepared:			Department	State Health C Health & Conso	