



ALL INFORMATION ON THIS FORM IS A PUBLIC RECORD

200 North 3rd Street
PO Box 2083
Fargo, ND 58107-2083
(701) 241-8108 Fax: (701) 476-4188

Business License Application Form

Application made this ___ day of ___, 20 ___, for a license to carry on the business/occupation as follows. I agree to abide by the laws, ordinances, and regulations pertaining thereto.

Applicant: _____ Phone #: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

E-Mail Address: _____

Type of License Applying for: (Check all that apply)

Expire December 31:

- Kennel (\$30/yr)
Pet Sales (\$25/yr)
Handicapped Van Service (\$10/yr)
Taxi Cab (\$50/yr for first vehicle; additional \$15 each)
Limousine (\$50/yr for first vehicle; additional \$15 each)
Pawn Broker - Initial \$500.00 - Investigation Fee \$250.00 (Bond \$5,000) + Renewal (\$250/yr)
Second Hand Dealer - Initial \$500.00 - Investigation Fee \$250.00 (Bond \$5,000) + Renewal (\$250/yr)

Expire dates vary:

- Excavator (\$100/yr)(Bond \$5,000)
House Mover (\$100/yr)
Sidewalk Builder (\$100/yr) (Bond \$25,000)
Sign Hanger (\$100/yr)

Expire June 30:

- Commercial Hauler (\$1,000/yr)

*First time excavator also requires a one time Deposit for Damage fee of \$500.00

If there are State Laws governing, have they been complied with? Yes No

Do you have a State License? Yes No

If yes, please indicate your State Contractor's License Number _____

PLEASE PROVIDE A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION FORM.

Certificate of Insurance Received? Yes No

*** Applicant Signature Date ***

***** My signature states that I request the issuance of a license under these requirements. *****

Date: _____ Total Due: \$ _____ Check No: _____

Approved: [] Disapproved: []

Date Paid: _____

Authorized Signature/Department Bond No: _____

License Expiration Date: _____ Bond Co: _____

Bond Expiration Date: _____