



200 North 3rd Street
PO Box 2083
Fargo, ND 58107-2083
(701) 241-1304
Fax: 241-1526

Business/Occupational 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: _____
(Address, PO Box #, City, State, Zip Code)

Mailing Address: _____
(Address, PO Box #, City, State, Zip Code)

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

Expire June 30:

[] Commercial Hauler (\$1,000/yr)

Expire December 31:

- [] Handicapped Van Service (\$10/yr)
[] Journeyman Heating (\$20/yr)
[] Kennel (\$30/yr)
[] Master Plumber (\$100/yr)
[] Pet Sales (\$25/yr)
[] Limousine (\$50/yr for first vehicle; additional \$15 each)
[] Taxi Cab (\$50/yr for first vehicle; additional \$15 each)

Expire dates vary:

- [] *Excavator (\$100/yr)(Bond \$5,000)
[] House Mover (\$100/yr)
[] Master Heating (\$100/yr)
[] Pawn Broker (\$100/yr)
[] Precious Metals & Gems (\$100/yr)
[] Second Hand Dealer (\$100/yr)
[] Sidewalk Builder (\$100/yr)(Bond \$25,000)
[] Sign Hanger (\$100/yr)

*First time excavator also requires a one time Deposit for Damage fee of \$500.

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

Signature Date

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

Approved: [] Disapproved: []
Date Paid: _____

Authorized Signature/Department Bond No: _____

License Expiration Date: _____ Bond Co: _____

Bond Expiration Date: _____