



225 4<sup>th</sup> Street North  
PO Box 2471  
Fargo, ND 58108-2471  
Ph: (701) 241-8108 Fax: (701) 241-8184

## Re-Roofing Contractors License

*All information on this form is a public record*

Application made this date \_\_\_\_\_, for a license to hold a re-roofing business/occupation as follows.  
I agree to abide by the laws, ordinances and regulations pertaining thereto.

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- ✓ A statement of experience and qualifications must be submitted. **(If first time applicant to Fargo)**
- ✓ A copy of your North Dakota State Contractor's license is required.
- ✓ A Certificate of Liability Insurance for a minimum coverage amount of \$500,000.
- ✓ A statement from North Dakota Workforce Safety and Insurance securing workforce safety and insurance coverage. (If applicant is out-of-state with questions, please call NDWS at 701-328-3800)
- ✓ **If the applicant is a transient merchant, you must also provide a surety bond, or the deposit of cash in lieu thereof, in the amount of \$10,000. The surety bond must conform to Article 25-36 of the Fargo Municipal Code. The term "transient merchant" includes any person, individual, co-partnership, corporation or limited liability company, either as principal or agent, who engages in, does, or transacts any temporary or transient business in this state, either in one locality or in traveling from place to place in the state of North Dakota, selling, or soliciting orders for future delivery of goods, wares, merchandise, personal property, and personal services, including the business of being a re-roofing contractor, who does not intend to become and does not become a permanent merchant within the state of North Dakota or within the County of Clay, State of Minnesota. The \$10,000 surety bond must be effective for three years.**

This license shall run from January 1 of each year and expire December 31. The license fee is \$125.00 and shall not be prorated.

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\_\_\_\_\_  
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: \_\_\_\_\_