



ALL INFORMATION ON THIS FORM IS A PUBLIC RECORD

200 North 3rd Street
PO Box 2471
Fargo, ND 58108-2471
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JPagel@FargoND.gov

Business License RENEWAL Application Form

Application made (date) \_\_\_\_\_, 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 (\$35/yr)
Transportation Vehicle (\$50/yr for first vehicle; each additional \$15)
Taxi Cab
Limousine
Handicapped Van
Pawn Broker - (\$250/yr) (Bond \$5,000)
Second Hand Dealer - (\$250/yr) (Bond \$5,000)

Expire dates vary:

- House Mover (\$125/yr)
Sign Hanger (\$125/yr)
Sidewalk Builder (\$125/yr) (Bond \$25,000)
Excavator (\$125/yr) (Bond \$25,000)

Expire June 30:

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

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. \*\*\*\*\*

Entered: [ ]

Total Due: \$ \_\_\_\_\_ Check No: \_\_\_\_\_

Approved: [ ]

Date Paid: \_\_\_\_\_

Bond No: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Bond Co: \_\_\_\_\_

Bond Expiration Date: \_\_\_\_\_