

	Denied ( )
<u>-</u>	Date
_	Chief of Police
225 4 <sup>th</sup> Street North	
Fargo, ND 58102	
Phone 701-241-8108	
Fax 701-241-8184	
Reviewed ( ) City Auditor	
\$250.00 Investigation Fee Paid: Yes ( ) No ( ) Date Paid: Check No	
\$250.00 License Fee Paid: Yes ( ) No ( ) Date Paid: Check No	
Proof of Bond or Proof of Dedicated Account of at Least \$5,000 Attached: Yes ( )	No ( )
Proof of Liability Insurance Attached: Yes ( ) No ( )	

Approved ( )

Note: This application must be made under oath before a notary public

#### **Application for City of Fargo Secondhand Goods Dealer License**

The applicant filing this application admits and agrees:

- •That applicant has a copy of the secondhand goods dealer ordinance of the City of Fargo, and is familiar with the conditions and requirements set forth and contained therein.
- •That applicant is familiar with the questions, answers, and information as now appears in this completed application for a secondhand goods dealer license, and that the answers and information are, to applicant's belief and knowledge, true, correct, and complete.
- •That applicant, if granted a secondhand goods dealer license, will obey, abide by, and comply with the City of Fargo Secondhand Goods Dealer Ordinance, and any amendments to either which may from time to time be made.
- •That the premises described in this application, if licensed for secondhand goods sales, may be inspected at any time by the Chief of Police, or any officer of the Police Department for the purpose and as set out in the ordinance.

Application for City of Fargo Secondhand Goods Dealer Licen	Application	າ for Citv of !	Fargo Se	econdhand	Goods	Dealer	License
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Name of Applicant				
d/b/a:				
Business Address (Location)				
Mailing Address				
Phone Number				
<u>OWNERSHIP</u>				
The Applicant Is:	Check one of the follo	wing boxes		
Individual ( )				
Partnership ( )				
Corporation ( )				
If Applicant Is An <b>Individua</b> l Following Information Regard		eneral Partnership	, Limited Liability Part	nership, Fill Out Th
NAME & TITLE	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #
% of Ownership				
Are all of the above persons	18 years of age or older?	Yes	s ( ) No ( )	
·				
Are all of the above persons I	egal U.S residents and bon	a fide residents of tl Yes()	he City of Fargo and Stat No()	e of North Dakota?
		. 55 ( )	,	

IF APPLICANT IS A **CORPORATION, Limited Liability Company, or Limited Liability Corporation**, PLEASE FILL OUT THE FOLLOWING INFORMATION REGARDING ALL OFFICERS AND DIRECTORS.

NAME & TITLE % of Ownership	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

State name and address of all shareholders holding 5% or more of the outstanding stock of the said corporation

Name	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Are all officers, directors, and sharehold	ers holding more Yes ( )		ng stock 18 years of age	e or older?
Address of Home Office				
Date Incorporated	St	ate of Incorporation		-
If this is a subsidiary of any corporation, corporation		·		
Manager Information. (Manager mus	t reside within C	ass or Clay County and	must be at least 18 ye	_
Name Home Address				-
City, State, Zip				-
Phone #				=
Date of Birth				-
Social Security #				-

If a corporation, state name and address of another full-time employee who is the agent of the corporation, who is 18 years of age or older and resides in Cass or Clay County.

Name	_	
Address		
City, State, Zip		
Phone #		
Date of Birth		
Social Security #		
Date of organization incorporation		_
Physical address:		
Is this business being taken over from another?		
Yes()		
If yes, who is the former owner?		
Beginning date of your operation of this business:		
Have you any agreement or understanding, or intend t	to have any agreement or understanding, to obtain	this license for
any other person, partnership or corporation, or to obtain	n it for any other than the specific use of the applica	nt?
Yes ( )	No ( )	
s someone other than the applicant the owner of the pro-		
Yes ( )	No ( )	
If yes, complete the following.		
Name		
		_
Address		
City, State, Zip		
Phone #		
Date of Birth	_ Social Security #	_
Are there any delinquent taxes against the premises?		
Yes()	No ( )	
Has applicant ever had a license revoked or rejected by	any federal, state, or local agency?	
	No ( )	

regard to theft, fraud, or the pomembers, individual partners, o misdemeanor within the past five	ossession or sale of stor or any individuals within	olen property? Have n	nanager, officers, directors,	shareholders
	Yes ( )	No ( )		
If yes, attach a full explanation.				
Are manager, officers, directors legal residents of the United Stat			and all individuals within the	e organizatior
Has applicant ever had a license	e to operate as a second	dhand goods dealer re	voked for any violation of the	state laws o
local ordinances?	Yes ( )	No ( )		
If yes, please explain:				
Tyco, picado explain.				
Has applicant ever been convicte	ad of any other crime tha	n that stated above in N	North Dakota, or any other et	ata orundar
any federal law?	Yes ( )	No ( )	NOTH Dakota, of any other St	ate, or under
If yes, please explain				
			estate, or interest in the rea nerchandise in the premises	
ilocrisca:	Yes ( )	No ( )		

Please fill out (1) of the following pages that apply to your business.

If applicant is an INDIVIDUAL	, complete	e this portion:		
STATE OF NORTH DAKOTA	)	\		
County of Cass	)	) ss.		
	application	n and know t	, do hereby swear that I am he contents thereof; that the information nowledge.	
			Signa	ture
Subscribed and Sworn before	me this _	day of		, 20
			Notary Public, Cass County No	orth Dakota
(SEAL)				
My commission Expires:				

If applicant is an	PARTNERSHI	<b>P</b> , compl	ete this portion	n:			
STATE OF NOR	RTH DAKOTA	)	) ss.				
County of Cass		)	, 55.				
We,							
•						the application ar and correct to the	
				,			
Subscribed and	Sworn before n	ne this	day of _			, 20	_
				Notary I	Public, Cass C	ounty North Dakot	:a
(SEAL)							
My commission	Expires:						

If applicant is a CORPORATION	or LLC, complete to	nis portion:	
STATE OF NORTH DAKOTA	) ) ss.		
County of Cass	)		
		and	do
hereby swear that they are the P named above; that they have contained and offered therein is	read the application	and know the contents there	
(Corporate Seal)		Name of Corporation	on
		President's Signatu	ure
		Secretary's Signatu	ure
Subscribed and Sworn before m	e this day of		, 20
		Notary Public, Cass County	/ North Dakota
(SEAL)			
My commission Expires:			