



Approved ()
Denied ()

_____ Date

_____ Chief of Police

225 4th 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 ()

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.

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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 shareholders holding more than 5% of the outstanding stock 18 years of age or older?
 Yes () No ()

Address of Home Office _____

Date Incorporated _____ State of Incorporation _____

If this is a subsidiary of any corporation, state the name and address of parent corporation _____

Manager Information. (Manager must reside within Cass or Clay County and must be at least 18 years of age.)

Name _____
Home Address _____
City, State, Zip _____
Phone # _____
Date of Birth _____
Social Security # _____

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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 () No ()

If yes, who is the former owner? _____

Beginning date of your operation of this business: _____

Have you any agreement or understanding, or intend to have any agreement or understanding, to obtain this license for any other person, partnership or corporation, or to obtain it for any other than the specific use of the applicant?
Yes () No ()

Is someone other than the applicant the owner of the premises for which the license is requested?
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?
Yes () No ()

