

PLEASE READ INSTRUCTIONS THOROUGHLY!

Please complete the attached Transient Merchant Permit application and return it with the following items to the City of Crosby, 15 West Central Avenue, Crosby, North Dakota 58730:

- 1) License Fee: \$55.00 per day, per person
\$350.00 (1) Year (from issue date)
(Checks should be made payable to the City of Crosby)

COPIES OF THE FOLLOWING INFORMATION must accompany application:

- 2) BUSINESS---ND State Transient Merchant License
or Certificate of Registration (If located within ND)
Issued by ND Attorney General
Issued by ND Secretary of State
- 3) SALESPERSON(S) Documentation
a) ND State Transient Merchant License
b) Drivers License or Photo ID
c) If applicable, a listing of salespeople & documentation
Issued by ND Attorney General
- 4) Vehicle(s) Information (Registration Card & License Plate #)
- 5) If applicable, Order or Contract Form Used
- 6) Courtesy Visit with Police Chief
(Police Department is located at 200 N Main Street)

Upon review and approval, the City Auditor may issue the permit. If the City Auditor believes issues relevant to the issuance of the permit should be brought to the attention of the City Council, the City Auditor shall submit the application to the appropriate committee of the City Council for consideration.

Plan accordingly, the City Council meetings are held the 1st Monday of each month at 7:30 PM.

CITY OF CROSBY
15 WEST CENTRAL AVENUE
CROSBY, NORTH DAKOTA 58730

TELEPHONE 701-965-6029
FAX 701-965-6399

APPLICATION FOR A TRANSIENT MERCHANT PERMIT

LICENSE FEE: \$55.00 per day, per person, OR (1) YEAR: \$350.00

- Attach Copy of:**
- 1) BUSINESS --- ND State Transient Merchant License or Certificate of Registration**
 - 2) SALEPERSON(S) --- Documentation (drivers license, ND State T. M. License)**
 - 3) Vehicle Information (Registration Card & License Plate #)**
 - 4) If applicable, listing of salespeople & documentation**
 - 5) If applicable, Order or Contract Form used**

I, _____, do make application for a license to operate a
(Print Name)

transient business in the City of Crosby, State of North Dakota, in compliance with the ordinances of the City of Crosby. By completing this application, I state that the information supplied is true to the best of my information, knowledge and belief.

1. Name of proprietor, or operating company or corporation, etc:

2. Address and telephone number of proprietor or operating company or corporation, etc:

3. Name, address and telephone number of local manager, if other than above:

4. Nature of business, including description of goods, wares and merchandise to be sold:

5. Method of distribution: _____

6. Description of procedure you have established to respond to consumer complaints or problems:

7. Have you been convicted of violating any consumer protection laws or laws pertaining to fraud and deceit in any city or state? Yes _____ No _____

If yes, set forth: Date, city, county, state and circumstances of each such violation: _____

8. Dates and location you intend to operate your business in the City of Crosby, North Dakota:

Dates: _____

Location: _____

9. Have you submitted the required license fee herewith? Yes ____ No ____

10. Do you have a North Dakota state license attached? Yes ____ No ____

If not, set forth reason why or exception:

11. Have you attached a copy of the salesperson's documentation? Yes ____ No ____

12. Have you attached a copy of the vehicle information? Yes ____ No ____

13. If applicable, have you attached a listing of salespeople & documentation? N/A ____ Yes ____ No ____

14. If applicable, have you attached a copy of the Order or Contract Form used? N/A ____ Yes ____ No ____

15. Have you applied for a transient merchant license in the City of Crosby, North Dakota, before?

Yes _____ No _____

If yes, give date: _____

DATE

SIGNATURE OF APPLICANT