# APPLICATION FOR TRANSIENT MERCHANT'S LICENSE (INDIVIDUAL PROPRIETORSHIP)

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 6820 (10-2011)

Return To: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

PLEASE TYPE OR PRINT LEGIBLY

| | | | |
|---|---|---|---|
| Name of Individual Applicant(s): | | | |
| Name of Business: | | | |
| **Permanent** Business Address (P.O. Box is not acceptable): | City: | State: | Zip Code: |
| To What Address Should the License(s) be **Mailed:** | City: | State: | Zip Code: |
| Permanent Business Telephone Number: | Cell Phone Number: | | |

Name and home address for the previous two years of the person(s) owning the business. (Use additional sheets if necessary.)

| DATE OF RESIDENCEY | OWNERS NAME | HOME ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| Month\Years: (From - To) | | | | | |
| Month\Years: (From - To) | | | | | |
| Month\Years: (From - To) | | | | | |

Name, home address, and home telephone number of each employee or agent who will engage in business activities in North Dakota on behalf of your company. (Use additional sheets if necessary.)

| NAME | HOME ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER |
|---|---|---|---|---|---|
| | | | | | |
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Furnish a current photograph of each owner, agent, or employee who will be conducting business in North Dakota. The photographs shall become a part of this application. (Recognizable copy of drivers license will suffice in place of a photograph.)

**List a person we may contact with questions regarding the transient merchant license application and related documents.**

| Name: | Position with Company: | Telephone Number: | E-mail Address: |
|---|---|---|---|
| | | | |

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|---|---|---|---|
| 1. Date the company intends to begin doing business in North Dakota: | | | |
| 2. Business address for the prior two-year period if different from the permanent business address: | City: | State: | Zip Code: |
| 3. Type of business to be conducted in North Dakota (be specific): | | | |
| 4. Estimated length of time the company will be doing business in North Dakota: | | | |
| 5. Estimated gross sales through business activities in North Dakota: | | | |
| 6. List the North Dakota cities and dates in which you plan to conduct business: (Use additional sheets, if necessary) | | | |
| 7. Provide an inventory list which includes the description and serial number of the merchandise, if applicable. | | | |
| 8. Provide your North Dakota sales tax permit number, if applicable: | | | |

(OVER)

9. Is any of the merchandise offered for sale the subject of a warranty provision? ☐ Yes ☐ No

Which merchandise is subject to warranty? (Enclose a copy of the warranty or warranties for each item of merchandise.)

10. Does the warranty period still apply? ☐ Yes ☐ No

11. Supply name, address and telephone number of the person or business that will provide the service for the merchandise pursuant to warranty.

| NAME | STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

Applicant appoints the Attorney General of North Dakota as agent to accept service of process on the applicant's behalf in any action or proceeding involving the applicant and arising out of any sale for which the license is sought.

**LICENSE FEE: $200.00**

State of_____ )
)
County of_____ )

Signature(s) of person(s) submitting application:

Subscribed and sworn to before me this_____ day of_____,20 ____

(Seal)

Notary Public:

My commission expires on:

## RESIDENT AGENT INFORMATION

Name of Resident Agent: (Must be a resident of the state of North Dakota with their principal office or place of business located within the state.)

| Street Address: | City: | State: | Zip Code: | Telephone Number: |
|---|---|---|---|---|
| | | | | |

Name of transient merchant license APPLICANT:

Name of Business:

Signature of Resident Agent:

State of_____ )
)
County of_____ )

Subscribed and sworn to before me this_____ day of_____,20 ____

(Seal)

Notary Public:

My commission expires on: