Transient Merchant License Application

Applicant

Business Name:
Applicant Name:
Present Residence:
Present Home Address:
Present Business Address:
Email:
Cell Phone:
Person(s) having Management or Supervision of Applicant's Business
Name:
Present Address:
Present Business Address:
Corporation: Y / N

Additional Information

Business Address and Type of Business in which you, the applicant, have been engaged in the previous two (2) years:

Place(s) within the City of Oakes where it is proposed to carry on applicant's business:

Length of time said business shall be conducted: _____

Kind of business to be conducted _____

Name(s) and address of who will conduct the sale:

Briefly describe the nature, character and quality of the goods, wares or merchandise to be sold or offered for sale by applicant in the City _____

What is the invoice value and quality of such goods, wares and merchandise?

Are the same proposed to be sold from stock in possession or by sample; by direct sale or by direct sale and by taking orders for future delivery?

Where are the goods or	property proposed to be sold manufactured or
produced?	

Where are such goods or products located at the time said application is filed?

Fee is fixed at \$25.00 per day for each and every day any such transient merchant shall transact business in the City of Oakes. (See Ordinance Chapter 8, Article 2)

I HEREBY CERTIFY THAT THE INFORMATION HEREIN GIVEN AND ATTACHED HERETO, TO MY BEST BELIEF AND KNOWLEDGE IS CORRECT.

Signature of Ap	oplicant	Date Signed
Copy of S	State Transient Merc	hant Permit must be attached
*****	*****For Off	fice Use***********************************
Make/License #	of vehicle	
Secretary of Stat	e Check:	
Comments:		
Action Taken:	APPROVED	DATE
SIGNATURE OF C	HIEF OF POLICE	
SIGNATURE OF A	UDITOR	