

DOOR-TO-DOOR SALES & SOLICITATION APPLICATION FOR BUSINESS, APPLICANT & SALESPERSON(S) In the City of West Fargo *Ordinance Number 10-12-03*

PLEASE TYPE OR PRINT LEGIBLY

PART 1 – BUSINESS NAME & INFORMATION		
Business Name:		
Local Business Address:		
City:	State:	Zip:
Local Business Phone Number:		
Permanent Business Address:		
City:	State:	Zip:
Permanent Business Phone Number:		
PART 2 – APPLICANT NAME & INFORMATION		
Applicant's Name: First: Middle: Last:		
Local Home Address:		
City:	State:	Zip:
Local Home Phone Number:		
Applicants (date of birth):		
Applicants Driver's License Number:		State:
Permanent Home Address:		
City:	State:	Zip:
Permanent Home Phone Number:		
<i>Has the applicant pled guilty to or been found guilty of a felony offense? If so, please explain:</i>		
<i>Has the applicant pled guilty to or been found guilty of a misdemeanor offense? If so, please explain:</i>		
<i>Has the applicant been found in violation of a prior door-to-door sales permit issued by the City of West Fargo? If so please explain:</i>		
PART 3 – ORGANIZATION THE APPLICANT REPRESENTS		
Organization Name:		
Local Organization Address:		
City:	State:	Zip:
Local Organization Phone Number:		
Permanent Organization Address:		
City:	State:	Zip:
Permanent Organization Phone Number:		

PART 4 – GENERAL DESCRIPTION OF MERCHANDISE

General Description of Applicant’s Business (should include goods, wares, merchandise, magazines, periodicals or personal services) that will be sold in the City of West Fargo.

PART 5 – PRIOR ADDRESS(S) FOR APPLICANT AND/OR BUSINESS

Applicants residence/business address for the prior two-year period, if different from the current addresses

Date of Residency (Month/Years (from-to))	Owners Name	Home Address	City	State	Zip

PART 6 – ADDITIONAL CONTACT PERSON (S)

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

Name	Position with Business	Phone	Email Address

PART 7 – DATES OF SALES WITHIN OUR CITY

List the date(s) the business intends to do business in West Fargo?

What is the estimated length of time the business will be in West Fargo?

PART 8 – ADDITIONAL SALESPERSON(S)

If the applicant is a business & the application is for multiple sales persons, please provide the following for each:

Please print information below or provide a list with information requested

Name (first, middle, last):	Address:	City:	State:	Zip:
		Phone:	DOB:	

Salesperson Driver's License Number:		State:		
<i>Has the sales person pled guilty to or been found guilty of a felony offense?</i>				
<i>If so, please explain:</i>				
<i>Has the sales person pled guilty to or been found guilty of a misdemeanor offense?</i>				
<i>If so, please explain:</i>				
<i>Has the sales person been found in violation of a prior door-to-door sales permit issued by the City of West Fargo?</i>				
<i>If so please explain:</i>				
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		Phone:	DOB:	
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 If so, please explain:

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 If so please explain:

This application must include a copy of the applicant's North Dakota sales tax permit and if applicable, a copy of the applicant's transient merchant license per City Ordinance Number 10-12-03 (6).

PART 9 – SIGNATURE OF PERSON SUBMITTING APPLICATION	
Signature of Person Submitting Application:	Date Submitted:

PART 10 – PERMIT APPROVED	
<input type="checkbox"/> Yes <input type="checkbox"/> No	PERMIT NUMBER ASSIGNED: <input type="text"/>
Signature of City Administrator:	Date Approved:

PART 11 – APPLICATION INFORMATION	
APPLICATION/PERMIT FEE	\$200
ADDITIONAL PERMIT FEE FOR EACH SALESPERSON	\$25
PAYABLE TO: CITY OF WEST FARGO	
RETURN TO	CITY OF WEST FARGO CITY ADMINISTRATOR OFFICE 800 4 AVENUE EAST, SUITE 1 WEST FARGO, ND 58078 PHONE: 701-433-5300

Please note:
The City of West Fargo
only accepts: cash, check, or
money orders.