

# 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:** Click here to enter text.

**Local Business Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Local Business Phone Number: Click here to enter text.

**Permanent Business Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Permanent Business Phone Number: Click here to enter text.

## PART 2 – APPLICANT NAME & INFORMATION

**Applicant's Name:** First: Click here to enter text. Middle: Click here to enter text. Last: Click here to enter text.

**Local Home Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Local Home Phone Number: Click here to enter text.

Applicants (date of birth): Click here to enter text.

Applicants Driver's License Number: Click here to enter text.

State: Click here to enter text.

**Permanent Home Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Permanent Home Phone Number: Click here to enter text.

*Has the applicant pled guilty to or been found guilty of a felony offense? Click here to enter text.*

*If so, please explain. Click here to enter text.*

*Has the applicant pled guilty to or been found guilty of a misdemeanor offense? Click here to enter text.*

*If so, please explain. Click here to enter text.*

*Has the applicant been found in violation of a prior door-to-door sales permit issued by the City of West Fargo? Click here to enter text.*

*If so please explain. Click here to enter text.*

## PART 3 – ORGANIZATION THE APPLICANT REPRESENTS

**Organization Name:** Click here to enter text.

**Local Organization Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Local Organization Phone Number:

**Permanent Organization Address:** Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Permanent Organization Phone Number: Click here to enter text.

**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. Click here to enter text.

**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
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**PART 6 – ADDITIONAL CONTACT PERSON (S)**

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

Name Click here to enter text.	Position with Business Click here to enter text.	Phone Click here to enter text.	Email Address Click here to enter text.
Name Click here to enter text.	Position with Business Click here to enter text.	Phone Click here to enter text.	Email Address Click here to enter text.

**PART 7 – DATES OF SALES WITHIN OUR CITY**

List the date(s) the business intends to do business in West Fargo? Click here to enter text.

What is the estimated length of time the business will be in West Fargo? Click here to enter text.

**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**

<b>Name (first, middle, last):</b> Click here to enter text.	<b>Address:</b> Click here to enter text.	<b>City:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Zip:</b> Click here to enter text.
<b>DOB:</b> Click here to enter text.		<b>Phone:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.	

Salesperson Driver's License Number: Click here to enter text. State: Click here to enter text.

*Has the sales person pled guilty to or been found guilty of a felony offense? Click here to enter text.*

*If so, please explain. Click here to enter text.*

*Has the sales person pled guilty to or been found guilty of a misdemeanor offense? Click here to enter text.*

*If so, please explain. Click here to enter text.*

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*If so please explain. Click here to enter text.*

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<b>DOB:</b> Click here to enter text.		<b>Phone:</b> Click here to enter text.	<b>DOB:</b> Click here to enter text.	

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<i>If so please explain. Click here to enter text.</i>				

***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: Click here to enter text.

**PART 10 – PERMIT APPROVED** Yes  No

PERMIT NUMBER ASSIGNED:

Signature of City Administrator:

Date Approved: Click here to enter text.

**PART 11 – APPLICATION INFORMATION**

APPLICATION/PERMIT FEE \$200

ADDITIONAL PERMIT FEE FOR EACH SALESPERSON \$25

PAYABLE TO: **CITY OF WEST FARGO**

<b>RETURN TO</b>	CITY OF WEST FARGO CITY ADMINISTRATOR OFFICE 800 4 AVENUE EAST, SUITE 1 WEST FARGO, ND 58078 PHONE: 701-433-5300
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