



200 North 3rd Street
PO Box 2083
Fargo, ND 58107-2083
(701) 241-1304
Fax: (701) 476-4188

Re-Roofing Contractors License

All information on this form is a public record

Application made this _____ day of _____, 20 _____, for a license to hold a re-roofing business/occupation as follows. I agree to abide by the laws, ordinances and regulations pertaining thereto.

Applicant: _____ Phone #: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

- ✓ A statement of experience and qualifications must be submitted.
- ✓ A copy of your North Dakota State Contractor’s license is required.
- ✓ A Certificate of Liability Insurance for a minimum coverage amount of \$500,000.
- ✓ A statement from North Dakota Workforce Safety and Insurance securing workforce safety and insurance coverage.
- ✓ **If the applicant is a transient merchant, you must also provide a surety bond, or the deposit of cash in lieu thereof, in the amount of \$10,000. The surety bond must conform to Article 25-36 of the Fargo Municipal Code. The term “transient merchant” includes any person, individual, co-partnership, corporation or limited liability company, either as principal or agent, who engages in, does, or transacts any temporary or transient business in this state, either in one locality or in traveling from place to place in the state of North Dakota, selling, or soliciting orders for future delivery of goods, wares, merchandise, personal property, and personal services, including the business of being a re-roofing contractor, who does not intend to become and does not become a permanent merchant within the state of North Dakota or within the County of Clay, State of Minnesota. The \$10,000 surety bond must be effective for three years.**

This license shall run from January 1 of each year and expire December 31. The license fee is \$100.00 and shall not be prorated.

**** _____
Applicant Signature

Date

My signature states that I request the issuance of a license under these requirements.

Date: _____

Total Due: \$ _____ Check No: _____

Approved: Disapproved:

Date Paid: _____

Authorized Signature/Department

Bond No: _____

License Expiration Date: _____

Bond Co: _____

Bond Expiration Date: _____