



Approved ( )  
Denied ( )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police

200 3<sup>rd</sup> Street North  
Fargo, ND 58102  
Phone 701-241-1304  
Fax 701-241-1526

Reviewed ( ) City Auditor

\$250.00 Investigation Fee Paid: Yes ( ) No ( )  
Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

\$250.00 License Fee Paid: Yes ( ) No ( )  
Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

Proof of Bond or Proof of Dedicated Account of at Least \$5,000 Attached: Yes ( ) No ( )

Proof of Liability Insurance Attached: Yes ( ) No ( )

Approved ( ) Denied ( )

Date:

Note: This application must  
be made under oath before a  
notary public

Application for **City of Fargo** Secondhand Goods Dealer License

The applicant filing this application admits and agrees:

- That applicant has a copy of the secondhand goods dealer ordinance **of the City of Fargo**, and is familiar with the conditions and requirements set forth and contained therein.
- That applicant is familiar with the questions, answers, and information as now appears in this completed application for a secondhand goods dealer license, and that the answers and information are, to applicant's belief and knowledge, true, correct, and complete.
- That applicant, if granted a secondhand goods dealer license, will obey, abide by, and comply with the **City of Fargo** Secondhand Goods Dealer Ordinance, and any amendments to either which may from time to time be made.
- That the premises described in this application, if licensed for secondhand goods sales, may be inspected at any time by the Chief of Police, or any officer of the Police Department for the purpose and as set out in the ordinance.

**Application for City of Fargo Secondhand Goods Dealer License**

Name of Applicant \_\_\_\_\_

d/b/a: \_\_\_\_\_

Business Address (Location) \_\_\_\_\_

Mailing Address \_\_\_\_\_

**OWNERSHIP**

The Applicant Is: Check one of the following boxes

Individual ( )

Partnership ( )

Corporation ( )

If Applicant Is An **Individual Limited Partnership, General Partnership, Limited Liability Partnership**, Fill Out The Following Information Regarding Individual Or Partners:

NAME & TITLE % of Ownership	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Are all of the above persons 18 years of age or older? Yes ( ); No ( )

Are all of the above persons **legal U.S residents** and bona fide residents of the City of Fargo and State of North Dakota? Yes ( ); No ( )

IF APPLICANT IS A **CORPORATION, Limited Liability Company, or Limited Liability Corporation**, PLEASE FILL OUT THE FOLLOWING INFORMATION REGARDING ALL OFFICERS AND DIRECTORS.

NAME & TITLE % of Ownership	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

**Application for City of Fargo Secondhand Goods Dealer License**


State name and address of all shareholders holding 5% or more of the outstanding stock of the said corporation

<b>Name</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>DATE OF BIRTH</b>	<b>SOC SEC #</b>

Are all officers, directors, and shareholders holding more than 5% of the outstanding stock 18 years of age or older?  
 Yes ( ); No ( )

Address of Home Office \_\_\_\_\_

Date Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_

If this is a subsidiary of any corporation, state the name and address of parent corporation \_\_\_\_\_  
 \_\_\_\_\_

**Person who will have charge, control, or management of the business for which this license is requested. (Manager must reside within Cass or Clay County and must be at least 18 years of age.)**

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

If a corporation, state name and address of another full-time employee who is the agent of the corporation, who is 18 years of age or older and resides in Cass or Clay County.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

**Application for City of Fargo Secondhand Goods Dealer License**

If organization consists of more than one entity, draw a flow chart showing all entities and their connection in the make-up of the organization, and attach to this application.

Date of organization incorporation \_\_\_\_\_

Legal description of premises to be licensed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this business being taken over from another?

Yes ( )

No ( )

If yes, who is the former owner? \_\_\_\_\_

Beginning date of your operation of this business: \_\_\_\_\_

Have you any agreement or understanding, or intend to have any agreement or understanding, to obtain this license for any other person, partnership or corporation, or to obtain it for any other than the specific use of the applicant?

Yes ( )

No ( )

Is someone other than the applicant the owner of the premises for which the license is requested?

Yes ( )

No ( )

If yes, complete the following.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Are there any delinquent taxes against the premises?

Yes ( )

No ( )

Has applicant ever had a license revoked or rejected by any federal, state, or local agency?

Yes ( )

No ( )

Has applicant been convicted of the violation of any law of the United States, or any state; or any local ordinance with regard to theft, fraud, or the possession or sale of stolen property? Have manager, officers, directors, shareholders, members, individual partners, or any individuals within the organization been charged with or convicted of a felony or misdemeanor within the past five years

Yes ( )

No ( )

If yes, attach a full explanation.



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**Application for City of Fargo Secondhand Goods Dealer License**

If applicant is an **INDIVIDUAL**, complete this portion:

STATE OF NORTH DAKOTA    )  
County of Cass                )        ) ss.

I, \_\_\_\_\_, do hereby swear that I am the Applicant named above; that I have read the application and know the contents thereof; that the information contained and offered therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, Cass County North Dakota

(SEAL)

My commission Expires: \_\_\_\_\_



