



MERCHANTS PERMIT APPLICATION AND PERMIT

Date of Application _____

Company or Individual: _____ Address: _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Services Provided: _____

Copy of Proof of Liability Insurance: _____ ND Sales Tax Permit: _____

ND Health Department Permit Number (if applicable) _____

Location _____

Approval of Owner/Manager of Property: _____

Description of Mobile Unit

Manufacturer: _____ Color: _____

License & State: _____

- *I agree to keep merchant area clean of litter and not block any approaches or sidewalks.
- * I understand that this permit may be revoked at any time for sufficient and good cause.
- *I understand and have read the conditions of this permit and agree to abide by these terms.

Merchants Signature: _____

Office Use Below

This permit authorizes _____ to conduct the following type of business in Tioga, Williams County, North Dakota from _____, 20____ through _____, 20_____.

Fees

\$10.00 for up to ten days \$25.00 for 1 month to 30 days \$75.00 Seasonal up to 6 Months

\$300.00 for long term – 1 year or more requires a Conditional Use Permit

COMMUNITY SERVICE DIRECTOR