

Transient Merchant License Application

Applicant

Name: _____

Present Residence: _____

Present Home Address: _____

Present Business Address: _____

Person(s) having Management or Supervision of Applicant's Business

Name: _____

Present Address: _____

Present Business Address: _____

Corporation: Y / N

Additional Information

Residence, Business Address and Type of Business in which you, the applicant, have been engaged in the previous two (2) years: _____

Place(s) within the City of Oakes where it is proposed to carry on applicant's business: _____

Length of time said business shall be conducted: _____

Kind of business to be conducted _____

Name and address of the auctioneer who will conduct the sale: _____

Briefly describe the nature, character and quality of the goods, wares or merchandise to be sold or offered for sale by applicant in the City _____

What is the invoice value and quality of such goods, wares and merchandise? _____

Are the same proposed to be sold from stock in possession or by sample; at auction, by direct sale or by direct sale and by taking orders for future delivery? _____

Where are the goods or property proposed to be sold manufactured or produced? _____

Where are such goods or products located at the time said application is filed? _____

*Fee is fixed at \$25.00 per day for each and every day any such transient merchant shall transact business in the City of Oakes.
(See Ordinance Chapter 8, Article 2)*

I HEREBY CERTIFY THAT THE INFORMATION HEREIN GIVEN AND ATTACHED HERETO, TO MY BEST BELIEF AND KNOWLEDGE IS CORRECT.

Signature of Applicant

Date Signed

Action Taken: APPROVED _____ DISAPPROVED _____

DATE APPROVED BY CITY COUNCIL _____

SIGNATURE OF AUDITOR _____