Office Address: 515 2nd Ave SW Mailing Address: PO Box 5006

Minot, ND 58702 Email: clerk@minotnd.org

(701) 857 - 4752

APPLICANT INFORMATION: Name Email Name of Business **Business Address** Business and/or Cell Phone Number Mailing Address \$250.00 FEE: The license is valid for a period from January 1, 20 , through December 31. 20 **SPECIAL PROVISIONS:** \$5,000.00 surety bond must be submitted with the license application. Signature of Licensee Date OFFICE USE ONLY Receipt Number Date Received Total License Fee Amount Received City License Number Approved By (Police Department) Date Approved, if **NOT** approved, please list reasons for disapproval below

Name	Date	Other Names (i.e. m	aiden name, aliases, etc.)	
Address		Phone Number	_	
Business Name	Business Address		Business Number	
Driver's License NO. & State		Citizenship (Country and Number of Years)		
Date of Birth		Marital Status		
Height I	Eyes	Hair	Race	
Previous Occupation – Number of	Years at it			
Previous Occupation(s) – Number	of Years at each			
Previous Experience as a Pawnbroker or Secondhand Dealer in Related Fields				
Length of time applicant has been	a hong fide recident of the State	e of North Dakota prior	to filing this application	
Length of time applicant has been a bona-fide resident of the State of North Dakota prior to filing this application Residence(s) for the last five years- Number of years at each				
Residence(s) for the last five years	- Number of years at each			
Have you ever been convicted of a	any felony or morals violations?	Yes No		
If yes- where and what for?				
List One Personal Reference		Phone		

NOTE: A separate information sheet must be completed for <u>each</u> employee and/or co-owner as required by section 18-117, City of Minot Code of Ordinances