

# CITY OF DICKINSON

Application for Business and/or Occupation License

Date: \_\_\_\_\_

- Application for:**
- \_\_\_\_\_ Carnival (\$50/day plus \$100,000 Liability Insurance) Event date: \_\_\_\_\_
  - \_\_\_\_\_ Circus (\$50/day plus \$100,000 Liability Insurance) Event date: \_\_\_\_\_
  - \_\_\_\_\_ Housemover (\$50/annual plus \$5,000 bond and Liability Insurance)
  - \_\_\_\_\_ Pawnbroker (\$50/annual)
  - \_\_\_\_\_ Junk Dealer (\$50/annual)
  - \_\_\_\_\_ Arborist (\$25/annual plus \$150,000 Aggregate Liability Insurance)
  - \_\_\_\_\_ Taxicab Company (\$50/annual)
  - \_\_\_\_\_ Tobacco Dealer (\$50/annual) Location of Sale: \_\_\_\_\_

1. Name of Applicant (Individual or Firm): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address (if not the same as business): \_\_\_\_\_

2. Location of Business Records (if not the same as business): \_\_\_\_\_

3. This application is for:    New Business \_\_\_\_\_    If change of ownership, give name of previous  
   Renewal of License \_\_\_\_\_    owner: \_\_\_\_\_  
   Change of Ownership \_\_\_\_\_  
   Change of Address \_\_\_\_\_

Date business started: \_\_\_\_\_

4. If bond is required, give name of bonding company and address: \_\_\_\_\_

5. If you employ an auditor or bookkeeping firm, give name and address of firm: \_\_\_\_\_

6. List locations of businesses outside Dickinson in which license fee(s) was/were paid to other cities, towns or counties:

Name of Town or City	Name of Job	Amount
_____	_____	_____
_____	_____	_____

(continue list on back if necessary)

7. List name of partners or of officers of the business and their titles:  
\_\_\_\_\_  
\_\_\_\_\_

8. The above is a true statement.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Official Title)

\*\* The records of all concerns doing business must comply with City and State requirements.