APPLICATION FOR TRANSIENT MERCHANT LICENSE

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 52899 (10-2017)

License Number (Office Use Only)
Effective Dates (Office Use Only)

The undersigned applicant states that the following information is true and correct. **PLEASE TYPE OR PRINT.**

Business will be conducted as: ☐ Individual ☐ Partnership ☐ Limited Liability Partnership ☐ Corporation ☐ Limited Liability Company ☐ Other (Please Explain)

Name of person submitting application (Must be owner, member, governor, partner or officer listed on this application)	Your Title

Name of applicant. If individual, provide name(s). If corporation, partnership, LLC, or LLP, provide legal name of entity applying for license

State in which the business is incorporated or business entity is registered (other than individual applicant):

Name of Business

Permanent Business Address (P.O. Box is not acceptable)	City	State	ZIP Code
Mailing address	City	State	ZIP Code
Business Telephone Number	Cell Phone Number		

List a person we may contact with questions regarding the transient merchant license application and related documents.

Name	Position with Company	Telephone Number	E-mail Address

OWNERSHIP INFORMATION: Provide ownership information to include all owners for an individual applicant and all officers of a corporation, partners of a partnership, and the owners, governors, and members of a limited liability company..

NAME AND TITLE	HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

EMPLOYEE/COMPANY AGENT INFORMATION: Provide the name, home address, and telephone number of each employee or agent who will engage in business activities in North Dakota on behalf of your company. (Use additional sheets if necessary.)

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

Furnish a current and recognizable photograph or copy of a drivers license for each owner, employee, or agent who will be conducting business in North Dakota on behalf of the company with this application, or in the future as changes occur by contacting the Licensing Section.

(OVER)

1. Date the company intends to begin doing business in North Dakota:

2. Business address for the prior two-year period if different from the business address provided	City	State	ZIP Code

3. Type of business to be conducted in North Dakota (be specific)

4. Estimated length of time the company will be doing business in North Dakota

5. Estimated gross sales through business activities in North Dakota

6. List the North Dakota cities and dates in which you plan to conduct business (Use additional sheets, if necessary)

7. Provide your North Dakota sales tax permit number, if applicable

8. Is business entity registered with the North Dakota Secretatry of State? Yes ☐ No ☐ Pending ☐

9. Provide an inventory list which includes the description and serial number of the merchandise, if applicable.

10. Is any of the merchandise offered for sale the subject of a warranty provision? Yes ☐ No ☐

If so, which merchandise is subject to warranty? (Enclose a copy of the warranty or warranties for each item of merchandise.)

11. Does the warranty period still apply? Yes ☐ No ☐

12. Supply name, address and telephone number of the person or business that will provide the service for the merchandise pursuant to warranty.

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

Applicant appoints the Attorney General of North Dakota as agent to accept service of process on the applicant's behalf in any action or proceeding involving the applicant and arising out of any sale for which the license is sought.

Signature(s) of person(s) submitting application:

State of

County of

Subscribed to and sworn before me

Date

Notary Stamp

Signature of Notary Public

Commission Expiration Date

LICENSE FEE: $200.00

PAYABLE TO: Office of Attorney General

RETURN TO: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

RESIDENT AGENT INFORMATION

(ONLY COMPLETE WHEN REQUIRED TO DO SO BY THE NORTH DAKOTA ATTORNEY GENERALS OFFICE)

Name of Resident Agent: (Must be a resident of the state of North Dakota with their principal office or place of business located within the state.)				
Street Address:	City:	State:	Zip Code:	Telephone Number:
Name of transient merchant license APPLICANT:				
	Signature of Resident Agent:			

State of
County of

Subscribed to and sworn before me	Date	Notary Stamp
Signature of Notary Public		
Commission Expiration Date		