APPLICATION FOR TRANSIENT MERCHANT'S LICENSE (CORPORATIONS, LLC, ETC.)

OFFICE OF ATTORNEY GENERAL

LICENSING SECTION

SFN 52899 (10-2011)

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

PLEASE TYPE OR PRINT LEGIBLY

Name of Person Submitting Application: (Must be corporate officer if corporation; governor or manager, if LLC; or a partner if limited, general, or limited partnership)			
Title:			
Name of Corporation, LLC, etc.:			
Name of Business:			
Permanent Business Address (P.O. Box is not acceptable):	City:	State:	Zip Code:
To What Address Should the License(s) be **Mailed**:	City:	State:	Zip Code:
Permanent Business Telephone Number:	Cell Telephone Number:		

Name, home address, and home 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 photograph of each agent or employee who will be conducting business in North Dakota. The photographs shall become a part of this application. (Recognizable copy of driver's license will suffice in place of a photograph.)

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:

1. State in which the business is incorporated or business entity is registered:			
2. List the North Dakota cities and dates in which you plan to conduct business. (Use additional sheet of paper, if necessary.)			
3. Date the corporation (or business entity) intends to begin doing business in North Dakota:			
4. Business address for the prior two-year period if different from the current business address:	City:	State:	Zip Code:
5. Type of business to be conducted in North Dakota (be specific):			
6. Estimated length of time the corporation, LLC, etc. will be doing business in North Dakota:			
7. Estimated gross sales through business activities in North Dakota:			

8. Name, home address, and home telephone number of all corporate officers, each partner, or each governor, etc.

NAME AND TITLE	HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

(OVER)

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

10. Provide your North Dakota sales tax permit number:

11. Have you registered your corporation or business entity with the North Dakota Secretary of State? ☐ Yes ☐ No

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

Which merchandise is subject to warranty? (Enclose a copy of the warranty or warranties for each item of merchandise.)

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

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	PHONE 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.

LICENSE FEE: $200.00

State of _____)
)
County of _____)

Signature:

Title:

Subscribed and sworn to before me this _____ day of _____,20 ____

(Seal)

Notary Public:

My commission expires on:

RESIDENT AGENT INFORMATION

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:

Name of business:

Signature of Resident Agent:

State of _____)
)
County of _____)

Subscribed and sworn to before me this _____ day of _____,20 ____

(Seal)

Notary Public:

My commission expires on: