

CITY OF GRAND FORKS
DOOR-TO-DOOR SALES AND SOLICITATION LICENSE APPLICATION
255 N 4th St. Grand Forks, ND 58203 * (701) 746-2664

License #

Part I. License Information

Dates business will be conducted within the City of Grand Forks: Start: _____ End: _____

Description of merchandise/personal services to be offered for sale:

Describe the delivery method to be used for sales that will be delivered at a later date:

Part II. Applicant Information and Directions

Applicant Type: Individual Business

For Individual Applicants – Complete Part II (a) and an Authorization for Release of Information form.

For Business Applicants – Complete Part II (b) and an Authorization for Release of Information form for each principal officer, manager, and person who will be conducting sales.

In addition to the above, for each Door to Door Sales Persons – Complete Part III and an Authorization for Release of Information form.

Fee: Annual (January 1-December 31) \$450 Per Day \$60 **Total Fee Submitted:** _____

Bond Required: \$5,000 surety bond or cash in lieu thereof must be submitted with application. Surety must be issued by a company authorized to transact business in the State of North Dakota and must be irrevocable for two years from the date of license expiration.

Other Required Documentation:

- ND State Sales Tax Permit
- ND State Transient Merchant Permit (if applicable)

Return completed application packet to the City of Grand Forks Finance and Administrative Services Department along with appropriate license fee and surety. Applications may be returned in person to the address above, or by mail to:

Finance Department
City of Grand Forks
PO Box 5200
Grand Forks, ND 58206-5200

Part II a) Individual Applicant

Applicant Name:	Date of Birth:
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Present Address:

Present Home Address:

Present Business Address:

Phone Number:	Email Address:
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1) Have you resided at your present address for the previous three (3) years? Yes No

If no, please list residence address for the previous three (3) years. Attach additional sheet if needed.

2) Type of business in which applicant has been engaged in the previous two(2) years: (Attach additional sheet if needed.)

3) Name and Address of the organization the applicant represents or by whom they are employed:

4) Will you be using a vehicle in the course of business? Yes No

If yes, vehicle information for any vehicle to be used by the applicant in the course of business:
(Attach additional sheet if necessary)

Make	Model	License Number
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5) Have you ever been convicted of a felony or misdemeanor ?

Yes No

If yes, please attach information as to the date of such action and jurisdiction in which complaint was filed.

6) Have you held a license as a door-to-door solicitor or transient merchant within the last three (3) years?

Yes No

If yes, please attach information on where the license was held.

7) Has the business or any principle, officer, manager or person responsible for conducting sales or auctions ever had an application for solicitation, peddling or transient merchant revoked or suspended by any other municipality or county?

Yes No

If yes, please attach information listing the location and reason for revocation or suspension.

Part III. Personal Information for Door-To-Door Sales Person

(Complete for each sales person that will be conducting door-to-door sales.)

Full Name:	Date of Birth:
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If you have ever used or been known by a name or names other than the name given above, list such name(s) and information concerning dates and places used:

Present Address:

Length of time at this address: years months

Address for the previous three (3) years:

Address:	Length at this address: ____yrs. ____months
Address:	Length at this address: ____yrs. ____months
Address:	Length at this address: ____yrs. ____months

(Please attach additional sheet if required)

Phone Number:	Email Address:
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Sex: M F	Height:	Weight:	Hair Color:	Eye Color:
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Marital Status: S M D W	Driver's License or Government Issued ID Number:	State/Jurisdiction of Issue:
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Are you a US Citizen? Yes No

If you are a naturalized citizen, name the date and place of naturalization:

If no, please list citizenship:

Have you been legally admitted to the US with permission to work? Yes No

Please provide information on entity door-to-door salesperson represents/is employed by:

Name:

Address:

Supervisor Name:

Phone Number: Email Address:

1) Have you ever been convicted of a felony or misdemeanor?
Yes No

If Yes, provide for each violation the offense, the date of the offense, the disposition of the offense, date of disposition of the offense, and the city, county, and state in which the offense occurred. *(attach additional sheet if needed)*

2) Have you ever been licensed as a transient merchant within the last three (3) years? Yes No

If yes, please list where licensed:

3) Have you ever had a license for solicitation, peddling or transient merchant suspended or revoked?

Yes No

If yes, please list for what cause and name of employer:

4) Will you be using a vehicle in the course of business? Yes No

If yes, vehicle information for any vehicle to be used by the applicant in the course of business:

(Attach additional sheet if necessary)

Make:

Model:

License Number:

The applicant appearing herein acknowledges use of a Door-to-Door Sales and Solicitation License must be in accordance with all provisions of Article 12 of Chapter XXI of the Grand Forks City Code. Failure to comply or maintain compliance with the aforementioned ordinances may be grounds for revocation of the issued Transient Merchant License in accordance with Grand Forks City Code Section 21-1211.

The applicant agrees that should any of the information contained in this application change within the period of the license, if granted, that applicant will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. Applicant also agrees that should there be a change in employment immediate notification will be made to the city officials.

The applicant understands that the request for a Transient Merchant License requires completion of a police records check and background review. The applicant agrees that misrepresentation, false statement, or omission in this application shall be grounds for rejection of said application and for revocation or suspension of any license previously granted.

Signature of Applicant

CITY OF GRAND FORKS
255 N. 4th St., Grand Forks, ND 58203 – (701) 746-2664

AUTHORIZATION FOR
RELEASE OF INFORMATION

RE: Name: _____

BOD: _____

SSN: _____

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Grand Forks Police Department, whether said records are of public, private or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Grand Forks from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application is complete, true and accurate to the best of my knowledge. I understand that providing false, misleading, or incomplete information on this application is grounds for revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original.

Dated: _____

Signature of Applicant