


CITY OF DICKINSON

Application for Business and/or Occupation License

Date: 2025

- 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 (\$100/annual plus \$150,000 Aggregate Liability Insurance)
 - Tobacco Dealer (\$50/annual) Location of Sale: 3275 WEST RIDGE DRIVE
DICKINSON ND 58601
 - Adult Entertainment (\$2,000/annual)

1. Name of Applicant (Individual or Firm): Mohammed Wazwaz
- Birth Date: _____ Social Security Num _____
- Residence Address: _____ Number: _____
- Business Address: 3275 WEST RIDGE DRIVE DICKINSON ND 58601 Cell Number: _____
- Email Address: _____
- Mailing address (if not the same as business): _____
2. Location of Business Records (if not the same as business): WEST RIDGE MARKET CENTER
3. This application is for: New Business Renewal of License _____ Change of Ownership _____ Change of Address _____
- If change of ownership, give name of previous owner: _____
- Date business started: MARCH 1st 2025
4. If bond is required, give name of bonding company and address: N/A
5. If you employ an auditor or bookkeeping firm, give name and address of firm: N/A
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 |
|----------------------|-------------------------|----------------|
| <u>BISMARCK</u> | <u>MOE'S SMOKE SHOP</u> | <u>\$15.00</u> |
| <u>MANDAN</u> | <u>MOE'S SMOKE SHOP</u> | <u>\$25.00</u> |
- (continue list on back if necessary)
7. List name of partners or of officers of the business and their titles:
N/A
8. The above is a true statement

(Signature of Applicant) OWNER
(Official Title)

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