CITY OF DICKINSON

Date: 2024 10-1-24

Application for Business and/or Occupation License

Applio	cation for: Carnival (\$50/day plus \$100,000 Liability Insurant Circus (\$50/day plus \$100,000 Liability Insurant Housemover (\$50/annual plus \$5,000 bond and Pawnbroker (\$50/annual) Junk Dealer (\$50/annual) Arborist (\$100/annual plus \$150,000 Aggregate Tobacco Dealer (\$50/annual) Location of Sale; Adult Entertainment (\$2,000/annual)	ce) Event date: Liability Insurance) Liability Insurance)
1.	Name of Applicant (Individual or Firm): Dave Ovelette	Southside Saloon
	Righ Dat Social Security Numb	
	Residence Address: 1580 // 54. W	Phone Number: 701-290-4243
	Business Address: 48 2. Broad way	_ Cell Number: <u>701 - Z90 - Y</u> 2Y3
	Residence Address: 1580 //th 5t. W Business Address: 48 E. Broadway Email Address: dave @ badlandsbirg Sticks.c	, cha-
	Mailing address (if not the same as business):	
2.	Location of Business Records (if not the same as business):	
3.	Renewal of License ow Change of Ownership	change of ownership, give name of previous ner: <u>Cur+ Haida</u> , Inc
	Change of Address Date business started:	
4.	If bond is required, give name of bonding company and address:)/A-
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:	
	NA	
8.	The above is a true statement.	
	Shulltets	awren
	(Signature of Applicant)	(Official Title)

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