CITY OF DICKINSON

Date: <u>2024</u>

Application for Business and/or Occupation License

— C — H — H — J — A — X — T		Carnival (\$50/day plus \$100,000 Liability Insurance) Event date:			
1.	Name of Applicant (Individual or Firm: DYA Operating, Inc (DBA The Rock)				
	Birth Date: Social Security Number:				
	Residence Address:		Phone Number: 701	<u>-483-6047</u>	
	Business Address: 41 1st Ave W, Dickinson, ND 58601 Cell Number: N/A				
	Email Address: dyai2014@ndsupernet.com				
	Mailing address (if not the	Mailing address (if not the same as business): PO Box 1455, Dickinson, ND 58601			
2.	Location of Business Records (if not the same as business): 41 1st Ave W, Dickinson, ND 58601				
3.	This application is for:	New Business Renewal of License Change of Ownership X	owner: <u>KLF Kathy Fisher</u>	If change of ownership, give name of previous owner: <u>KLF Kathy Fisher</u>	
	Date business started:	Change of Address	_		
4.	If bond is required, give name of bonding company and address: <u>NA</u>				
5.	If you employ an auditor or bookkeeping firm, give name and address of firm: <u>Dan Dasovick, Kovash& Dasovick PC</u> 148 1st St W, <u>Dickinson</u> , <u>ND 58601</u>				
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>NA</u>				
	(continue list on back if	necessary)			
7.	List name of partners or of officers of the business and their titles:				
	See Attached				
8.	The above is a true state	ment.	Presic	lent	
	(Signature of Applicant)		(Official		

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