

CITY OF DICKINSON

Application for Business and/or Occupation License

Date: 2026

- 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: \_\_\_\_\_
- Adult Entertainment (\$2,000/annual)

1. Name of Applicant (Individual or  (in)): Portland USA Corporation DBA Superpumper  
 Birth Date: \_\_\_\_\_ FED ID# \_\_\_\_\_ Social Security Number: 45-6325753  
 Residence Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Mailing address (if not the same as business): P.O. Box 1847 Minot ND 58702

2. Location of Business Records (if not the same as business): \_\_\_\_\_ 3

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: \_\_\_\_\_

4. If bond is required, give name of bonding company and address: \_\_\_\_\_  
No

5. If you employ an auditor or bookkeeping firm, give name and address of firm: \_\_\_\_\_  
No

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>Minot</u>	<u>City of Minot Tobacco license</u>	<u>\$200.00</u>

(continue list on back if necessary)

7. List name of partners or of officers of the business and their titles:  
GREGORY A ANDERSON DIRECTOR

8. The above is a true statement.  
 (Signature of Applicant) [Signature] (Official Title) DIRECTOR

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