

CITY OF DICKINSON

Application for Business and/or Occupation License

Date: 2024

- 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: 640 12th St. W, Dickinson, ND
_____ Adult Entertainment (\$2,000/annual)

1. Name of Applicant (Individual or Firm): ARMY'S WEST, INC. / M9 ARMSTRONG - OWNER
Birth Date: _____ Social Security Number: _____
Residence Address: _____ Phone Number: 701-227-0811
Business Address: 640 12th St. W, Dickinson, ND Cell Number: _____
Email Address: _____
Mailing address (if not the same as business): PO Box 1999, Dickinson, ND 58602

2. Location of Business Records (if not the same as business): _____

3. This application is for: New Business _____ If change of ownership, give name of previous owner: _____
Renewal of License _____
Change of Ownership _____
Change of Address _____
Date business started: 8/12/93

4. If bond is required, give name of bonding company and address: _____

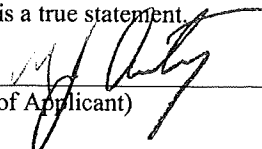
5. If you employ an auditor or bookkeeping firm, give name and address of firm: _____

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:
M9 ARMSTRONG, PRESIDENT, OWNER

8. The above is a true statement.

(Signature of Applicant) OWNER / PRESIDENT
(Official Title)

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