

# 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 12<sup>th</sup> St W
- Adult Entertainment (\$2,000/annual) Dickinson, ND 58601

1. Name of Applicant (Individual or Firm): Final Final Bar + Lounge LLC

Birth Date: 9/11/2023 Social Security \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address:  \_\_\_\_\_

Mailing address (if not the same as business): \_\_\_\_\_

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

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: 9/11/2023

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:  
See attached

8. The above is a true statement.  
  
(Signature of Applicant) President  
(Official Title)

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