CITY OF DICKINSON

			Application for	Business and/or O	ccupation License	Date: <u>2024</u>		
	Applica	tion for:	Carniva	al (\$50/day plus \$100),000 Liability Insurance)	Event date:		
Block Market	Vape :	Smothe	Circus (\$50/da	ay plus \$100,000 Lial	bility Insurance) Event	date:		
	Dickin	nson Inc.	11ousemover (\$50/annual plus \$5,000 bond and Liability Insurance)					
			Pawnbroker (Junk Dealer () Arborist (\$100 Tobacco Deale Adult Enterta	(\$50/annual) (0/annual plus \$150.06	00 Aggregate Liability Instation of Sale: <u>456 15 +</u> Ial) Dickinson	117ance) 54. W (Unit C , ND 58601		
	1. Name of Applicant (Individual or Firm): Black Market Vapr.: Smake Dickioson Inc.							
		Birth Date:		Social Security	Number:			
						oer: <u>701-483 - 703</u> 0		
		Business Address:		11	Cell Numbe	r:		
	Email Address: <u>Gen, blee hyperhet garup Egymail-Com</u> Mailing address (if not the same as business):							
								2.
		3. previous	This application is	for: New Busin	ness	If change of owr	ership, give name of	
			Renewal of 1	License X	owner:			
			Change of Ov Change of A	wnership				
		Date business star	red: <u>December</u>	(2072				
4.		If bond is required	, give name of bondin	ss:				
	5.	If you employ an a	auditor or bookkeeping	g firm, give name and	address of firm: Unique	2 Accounting Ser		

List locations of businesses ou	tside Dickinson in which license fee(s) was	s/were paid to other cities, towns or co
Name of Town or City	Name of Job	Amount
All other bus	inesses are located in	<u>wy</u>
(continue list on back if neces	sary)	
List name of partners or of of	icers of the business and their titles:	CEO/ Chunci
The above is a true statement.		
HCipula H	R	
(Signature of Applicant)		(Official Title)