

**CITY OF NEW TOWN  
TRANSIENT MERCHANT PERMIT**

**1 Month    \$100.00  
6 Months   \$300.00  
1 Year       \$550.00**

**Date:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Phone**  
**Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Insurance Carrier & Policy #:** \_\_\_\_\_

**ND State Tax #:** \_\_\_\_\_

**ND State Health License #:** \_\_\_\_\_

**PROOF OF LIABILITY INSURANCE, COMPLIANCE WITH ND STATE TAX,  
ND STATE HEALTH DEPARTMENT AND PERMIT FEE MUST BE  
SUBMITTED BEFORE APPROVAL OF APPLICATION (THIS ENCLUDES  
RENEWALS). VENDOR MUST BE STATIONED ON PRIVATE  
COMMERCIAL PROPERTY.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE**

\_\_\_\_\_  
**AUTHORIZED BY** **DATE**

