



**CITY OF TIOGA
APPLICATION FOR MERCHANTS PERMIT**

Date of Application: _____

Company or Individual: _____ Address: _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Services Provided: _____

Location _____

Owner of Property Signature _____

Proof of Liability Insurance _____

ND Sales Tax Permit# _____ ND Health Department Permit# _____

Merchants Signature _____

Description of Mobile Unit

Manufacturer: _____ Color: _____

License # & State: _____

This permit may be revoked at any time for sufficient and good cause. I understand and have read the conditions of this permit and agree to abide by its terms.

This permit authorizes _____ to conduct the following type of business in Tioga, Williams County, North Dakota from _____, 20____ through _____, 20_____.

Fees

\$10.00 for up to ten days \$25.00 for 1 month to 30 days \$75.00 Seasonal up to 3 Months

\$300.00 for long term – 1 year or more requires a Conditional Use Permit

City of Tioga Auditor