

APPLICATION FOR MERCHANT OR VENDOR PARTICIPATING IN FARMERS MARKET, FLEA MARKET,
FAIR, CARNIVAL, CIRCUS, ETC
(Required by §8-16 and Ordinance 988 of Williston Code of Ordinances)
CITY OF WILLISTON
P O Box 1306
Williston, North Dakota 58802-1306

Fee: \$35 per day – 3 events of 14 maximum days allowed per year

Or : \$100 yearly

Bond Required: \$2,000

Commercial Liability Insurance

North Dakota Sales & Tax Use Permit, if applicable

North Dakota Transient Merchant License, if applicable

Indoor spaces – Dimensioned floor plan

APPLICANT/BUSINESS INFORMATION

Date of application: _____

Name of License Holder: _____

Mailing Address: _____

Phone: _____

Contact name and title: _____ Phone: _____

Have you ever been convicted of crimes? _____ If so, please describe: _____

of employees: _____ List names, titles and phone numbers of employees:

Places within the last 6 months where business was conducted: _____

LOCATION INFORMATION

Business Name: _____

Site address: _____

Legal description: _____

Dates and hours of operation: _____

Statement of nature, character and quality of goods, merchandise, wares or services to be sold:

Release of Liability, Indemnity and Hold Harmless Agreement

The undersigned agrees that s/he is the proper officer to sign for the applicant and agrees that the applicant does hereby release, waive, discharge from liability, agrees to indemnify and hold harmless, and promises not to sue or make any claim or demand against the City of Williston, including its officers, directors, representatives, members, agents, employees and/or volunteers for any liability caused from negligent and/or grossly negligent acts, whether passive or not, or any hazardous conditions including the uncontrolled acts of guests, participants and any associated equipment, automobiles and/or livestock.

I hereby agree that the statements contained within this application are true and correct to the best of my knowledge.

Date _____

(Applicant signature)

(Printed Name and Title)

Subscribed and sworn to me before this _____ day of _____, 20 _____.

(Notary signature) Commission expires/stamp _____

OFFICIAL OFFICE USE ONLY:

Date Received: _____ Fee received: \$ _____ PBA # _____
Permit #: _____

- Copy of ID or Driver License
- Fingerprints or 3 letters of recommendation from property owners in Williams County in lieu of
- Copy of North Dakota Sales & Tax Use Permit.
- Copy of North Dakota Transient Merchant License.
- Copy of bond (\$1,000.00) Liability Insurance expiration date _____
- Floor Plan, if applicable

Conditions/Remarks:

Police Department

City Attorney

Fire Department

Building Department

City Auditor

Date of City Board Approval