

APPLICATION FOR PESTICIDE APPLICATOR'S PERMIT  
 (To apply pesticides to any lands or real property for hire or compensation)  
 City of Williston  
 PO Box 1306  
 Williston ND 58802-1306

Type of License Requested:

AIR      First Application (\$65.00, plus \$10.00 investigation fee)       Renewal Only (\$65.00)  
 GROUND      First Application (\$65.00, plus \$10.00 investigation fee)       Renewal Only (\$65.00)

LIABILITY INSURANCE AND BOND REQUIRED, PER SEC. 9-50 OF WILLISTON CODE OF ORDINANCES

FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TYPE OF ORGANIZATION:  CORPORATION  LLC  PARTNERSHIP  INDIVIDUAL

PRINCIPAL OFFICER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME & ADDRESS OF FIELD REPRESENTATIVE OR AGENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEGAL RESIDENCE FOR PAST FIVE YEARS: \_\_\_\_\_

\_\_\_\_\_

NAMES OF ALL PERSONS EMPLOYED BY ABOVE WHO WILL WORK IN WILLISTON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT: AIR  GROUND TRANSPORT  SPRAYER  DUSTER

MAKE:	MODEL:	IDENTIFICATION NO:
MAKE:	MODEL:	IDENTIFICATION NO:
MAKE:	MODEL:	IDENTIFICATION NO:

TANK CAPACITY: \_\_\_\_\_ HOPPER CAPACITY: \_\_\_\_\_  
(GALLONS) (POUNDS)

PRESSURE AT GAUGE WITH TWO NOZZLES OPEN FOR USE: \_\_\_\_\_

PRESSURE AT GAUGE WITH TWO NOZZLES OPEN IF BACK PRESSURE AGITATION USE: \_\_\_\_\_  
\_\_\_\_\_

DOES EQUIPMENT HAVE A MECHANICAL AGITATOR? YES \_\_\_\_ NO \_\_\_\_

OUTPUT RANGE: \_\_\_\_\_ TO: \_\_\_\_\_  
(GALLONS/POUNDS PER ACRE) (GALLONS/POUNDS PER ACRE)

OPERATOR'S INSURANCE COMPANY: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NO. \_\_\_\_\_ DATE OF ISSUANCE OR RENEWAL OF POLICY: \_\_\_\_\_

AMOUNTS OF POLICY: \_\_\_\_\_

LIST SPRAYING OR DUSTING PERMITS & EXPIRATION DATES HELD FROM STATES OTHER THAN NORTH  
DAKOTA: \_\_\_\_\_  
\_\_\_\_\_

GIVE SUMMARY OF PREVIOUS SPRAYING OR DUSTING EXPERIENCE & SCHOOLS ATTENDED:  
\_\_\_\_\_  
\_\_\_\_\_

\*\* PLEASE ATTACH:

- COPY OF CERTIFICATE PAGE OF COMMERCIAL LIABILITY INSURANCE
- COPY OF SURETY BOND

I HEREBY AGREE TO COMPLY WITH THE PROVISION OF ORDINANCE NUMBER 443, ALL SECTIONS AS IS OR  
AS AMENDED, CITY OF WILLISTON, DATED MAY 21, 1968, WHICH I HAVE READ, AND TO FAITHFULLY  
PERFORM ANY AND ALL CONTRACTS INTO WHICH I SHALL ENTER.

DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

FOR OFFICIAL USE ONLY	
DATE RECEIVED: _____	FEE RECEIVED: _____
LIABILITY INSUR EXPIRES: _____	
BOND EXPIRES: _____	
DATE APPROVED BY BOARD OF CITY COMMISSIONERS: _____	
_____ CITY AUDITOR	