



**APPLICATION FOR TRANSIENT MERCHANT LICENSE**  
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
 LICENSING SECTION  
 SFN 52899 (08-2023)

License Number (Office Use Only)
Effective Dates (Office Use Only)

The undersigned applicant states that the following information is true and correct. **PLEASE TYPE OR PRINT**

Business will be Conducted as			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (please explain)	
Name of Person Submitting Application (must be owner, member, governor, partner, or officer listed on this application)			
Your Title			
Name of Applicant (if individual, provide name(s), if corporation, partnership, LLC, or LLP, provide legal name of entity applying for license)			
State in Which the Business is Incorporated or Business Entity is Registered (other than individual applicant)			
Business Name			
Permanent Business Address (PO Box is not acceptable)		City	State ZIP Code
Mailing Address		City	State ZIP Code
Business Telephone Number		Cell Phone Number	

**List person we may contact with questions regarding the transient merchant license application and related documents.**

Name	Company Position	Telephone Number	Email Address

**OWNERSHIP INFORMATION:** Provide ownership information to include all owners for an individual applicant and all officers of a corporation, partners of a partnership, and the owners, governors, and members of a limited liability company.

Name and Title	Home Address	City	State	ZIP Code	Telephone Number

**EMPLOYEE/COMPANY AGENT INFORMATION:** Provide the name, home address, and telephone number of each employee or agent who will engage in business activities in North Dakota on behalf of your company. (Use additional sheets if necessary)

Name	Home Address	City	State	ZIP Code	Telephone Number

Furnish a current and recognizable photograph or copy of a drivers license for each owner, employee, or agent who will be conducting business in North Dakota on behalf of the company with this application, or in the future as changes occur by contacting the Licensing Section.

Business Start Date in North Dakota
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**BUSINESS ADDRESS (prior two-year period) if different from one listed above**

City	State	ZIP Code
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Business Type to be Conducted in North Dakota (be specific)
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Estimated Time Frame for Business in North Dakota	North Dakota Business Activity Estimated Gross Sales
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List North Dakota Cities/Dates in which you Plan to Conduct Business (use additional sheets if necessary)
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Provide North Dakota Sales Tax Permit Number (if applicable)	Business Entity Registered with North Dakota Secretary of State <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
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Provide Inventory List Including Description and Serial Number of Merchandise (if applicable)
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Merchandise Offered for Sale Subject to Warranty Provision <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list merchandise below and enclose a copy of warranty(ies) for each item)
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List Merchandise, if applicable
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Warranty Still Apply <input type="checkbox"/> Yes <input type="checkbox"/> No
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**PERSON OR BUSINES PROVIDING SERVICE FOR THE MERCHANDISE PURSUANT TO WARRANTY**

Name	Street Address	City	State	ZIP Code	Telephone Number

Applicant appoints the Attorney General of North Dakota as agent to accept service of process on the applicant's behalf in any action or proceeding involving the applicant and arising out of any sale for which the license is sought.

Signature(s) of Person(s) Submitting Application
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State of	County of
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Signed and sworn to (or affirmed) before me this	Date
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Name(s) of Individual(s) Making Statement	Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

**LICENSE FEE:** \$200.00

**PAYABLE TO:** Office of Attorney General

**RETURN TO:**

Office of Attorney General  
Licensing Section  
600 E Boulevard Ave Dept 125  
Bismarck ND 58505-0040  
Telephone: 701 328-2329

**RESIDENT AGENT INFORMATION**

*(Only complete when required to do so by the North Dakota Attorney General's Office)*

Name of Resident Agent (must be a resident of the state of North Dakota with their principal office or place of business located within the state)				
Street Address	City	State	ZIP Code	Telephone Number
Name of Transient Merchant License Applicant				
Signature of Resident Agent				

State of	County of
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Signed and sworn to (or affirmed) before me this	Date
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Name(s) of Individual(s) Making Statement	Notary Stamp
Signature of Notary Public	
Commission Expiration Date	