

COMMERCIAL PESTICIDES APPLICATORS PERMIT APPLICATION

CITY OF DICKINSON, NORTH DAKOTA

Date: _____

\$50.00

1. Name of Applicant (Individual & Firm): _____ Birth Date: _____ Social Security No.: _____
2. Residence Address: _____ Phone Number: _____
3. Business/Mailing Address: _____ Phone Number: _____
4. Location of Business Records (if not the address given as business address): _____
5. This application is for:
Date Business Started: _____

New Business _____	Renewal of Permit _____	If change of ownership, give name of previous owner: _____
Change of Ownership _____	Change of Address _____	
6. Evidence of Liability Insurance with coverage of not less than \$300,000 per occurrence must be filed with the Finance Department.
Name of Insurance Company: _____
7. List locations outside Dickinson in which permit fee(s) was/were paid (Ex: other cities, towns or counties): _____
8. List names of partners or of officers of the business and their titles: _____
9. If you employ an auditor or bookkeeping firm, give name of firm and address: _____
10. Applicant agrees to indemnify and hold harmless the City of Dickinson from any and all claims for loss or damage caused by or resulting from the application of pesticides by applicant, its agents or employees within the city pursuant to the commercial applicator permit issued by the City.

Applicant's Signature: _____ Date: _____

Approved by Asst. Public Works Manager: _____ Date: _____

Application approved by City Administrator: _____ Date: _____