



**City of Valley City, North Dakota
Application for
Pawn Shop License**

FOR PERIOD: January 1 – December 31

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: _____

Owner: _____

Location of Business: _____

Mailing Address: _____

City, State Zip Code: _____

Phone Number: _____

Email Address: _____

Today's Date: _____

Type of Goods Sold: _____

New applicants or applicants with changes to the following shall file the following with the City Auditor:

_____ Personal reference of the applicant

All applicants shall file the following with the City Auditor as part of this application:

_____ **Certificate of Liability Insurance**

LICENSE FEE: _____ \$100 if **initial application**, make checks payable to City of Valley City
_____ \$100 if **renewal application**

RETURN TO: Valley City Auditor
P. O. Box 390
Valley City, ND 58072
Phone: (701) 845 – 1700