FARGO CASS PUBLIC HEALTH

1240 25th Street South
Fargo, North Dakota 58103
(701) 476-6729 Fax (701) 298-6929

APPLICATION FOR LICENSE TO ENGAGE IN OR CONDUCT THE BUSINESS OF EXTERMINATION OF INSECTS, RODENTS, OR OTHER HOUSEHOLD PESTS IN THE CITY OF FARGO, NORTH DAKOTA

(Please Type or Print)

NAME OF FIRM _____

ADDRESS _____

OWNER/OPERATOR _____

MAILING ADDRESS _____

PHONE _____ Email _____

NUMBER OF EMPLOYEES _____

In consideration of my being granted a license as applied for, I hereby agree to comply with all applicable regulations and operate in compliance with Article 25-21 of the City of Fargo ordinance.

Date _____ Signature _____

Annual License Fee……. $100.00

Fees are payable prior to January 1st of each year and are effective through December 31st.

(Please do not write below this line)

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions

_____

Approved by_____ Date _____
(EHP or REHS)

(See Reverse Side)

STATEMENT OF APPLICANT
(Please Type or Print)

The undersigned applicant for Exterminator's License hereby attests and states that he or she has had the following training and experience intended to qualify the applicant desiring to engage in the business of exterminating with dangerous and poisonous gases, fumes, vapors or other agents.

_____

_____

SIGNATURE_____

TITLE_____

Subscribed and sworn to before me, a NOTARY PUBLIC, this _____day of _____, 20 _____.

_____
NOTARY PUBLIC