



<p>City of Washburn Itinerant License Application</p>
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Name of Business:		Date:
Address:		
City:	State:	Zip:
Phone Number:		
Valid dates of use:		
State of North Dakota License Number:		
Description of goods to be sold:		
Manner in which business to be conducted:	Phone	Home Visit
Other:		
Signature:	Printed Name:	

Office use only

Amount Paid:	Date:
Name of Business:	License Number:
Valid dates of use:	
Auditor Signature:	

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 Washburn, ND 58577  
 Email: cityofwashburn@westriv.com