



**Used Equipment Sales License
Application**

Applicant Information

| | | | |
|-----------------|-------------|----------------------|-----------------|
| Name: | | Phone Number: | |
| Address: | City | State | Zip Code |

| | | | |
|---|--|----------------------|--|
| Company Name: | | Phone Number: | |
| <i>Check One: () Person () Firm () Corporation</i> | | | |

Company Address:

Number of and Kind of Equipment

Signature of Applicant _____
Date

FEE: \$150.00

Angie Thygesen, Deputy Clerk