



**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
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FEE: \$150.00

Angie Thygesen, Deputy Clerk