



City of Sioux Falls Fortuneteller, Clairvoyant, or Other License Application

Renewal New Application For Year: 20_____

PERSON COMPLETING APPLICATION

Applicant Name: _____

Home Address: _____

Home Phone/Cell Phone: _____ Date of Birth: _____

Is applicant also the contact person? Yes No If not, who is the contact person for this application:

Contact Name: _____ Address: _____

Home Phone/Cell Phone: _____

All previous addresses during the past five (5) years immediately prior to the present address of the applicant:

BUSINESS

Business Name (as will appear on license): _____

Business Address: _____

Business Phone: _____

SD Sales Tax Number: _____

Verified by Licensing Specialist

If business is a partnership or corporation, please provide name and address of each partner/officer:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Application made this _____ day of _____, 20 **X** _____

Applicant's Signature

TO BE COMPLETED BY CITY OF SIOUX FALLS

A fee of \$35 has been paid on:

Receipt No.:

Dated:

Approved by Sioux Falls Police Department Date

License fee is not refundable. License is not transferable.

Submit completed application to:

Jamie Palmer, Licensing Specialist, Licensing Office, 224 West Ninth Street, P.O. Box 7402, Sioux Falls, SD 57117-7402 • (605) 367-8082 • jjpalmer@siouxfalls.org

Requirements: (1) Provide photocopy of identification.