



City of Sioux Falls Bowling Center License Application

Renewal New Application For Year: 20

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: _____

PERSON COMPLETING APPLICATION

Applicant Name: _____

Home Address: _____

Home Phone/Cell Phone: _____

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: _____

Application made this _____ day of _____, 20 **X** _____
Applicant's Signature

TO BE COMPLETED BY CITY OF SIOUX FALLS	
A fee of \$128 (license fee plus fire inspection fee) has been paid:	
Receipt No.: _____ Dated: _____	Approved by Sioux Falls Fire Rescue _____ Date _____

License fee is not refundable. License is not transferable.

Submit completed application to:

Jamie L. Palmer, Licensing Specialist, 231 North Dakota Avenue, Sioux Falls SD 57104 • (605) 367-8082 • jpalmer@siouxfalls.org