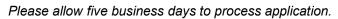
City of Sioux Falls Peddler/Vendor License Application





☐ Renewal ☐ New Application For Year: 20		
APPLICANT		
Applicant Name: (Last, First, Middle)		
Home Address:		
Home Phone/Cell Phone Number: Date of Birth:		
Social Security Number: Race:		
Sex: Female Male Email Address:		
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 Number: Email Address:		
*If working as a sales crew, please provide contact information for the group supervisor.		
BUSINESS		
Business Name (as will appear on license):		
Business Ourser's Name and Dhone Number		
Business Owner's Email Address: Local Business Address:		
Local Business Phone Number:		
Permanent Business Address:		
Permanent Business Phone Number:		
SD Sales Tax Number:		
Bond: Bond Number: Expiration Date:		
Kinds of goods, wares, services, or merchandise the applicant wishes to engage in within the city:		
Tanas of goods, maiss, commons, or more and approant money to ongage in main and sity.		
List all states applicant has resided in:		
List an states applicant has resided in.		

final delivery?	accept, or receive payment or deposit of money, in advance of
Period of time the applicant wishes to engage in b	ousiness within the city and location:
List the cities or towns wherein the applicant has	worked as a peddler for the last five years prior to application:
ordinance or code OTHER THAN TRAFFIC OFFENS	
If there are none, you must write "None."	
FAILURE TO ANSWER ANY QUESTION HONESTL	Y MAY RESULT IN DENIAL OF A PEDDLER/VENDOR LICENSE.
Application made this day of	, 20 Applicant's Signature
TO DE COMPLET	
A fee of \$35 has been paid to the Police Records Section as reco	orded on: Email Approval from Sioux Falls Health Department Date Approved by Sioux Falls Police Department Date

Application fee is not refundable. License is not transferable.

Submit completed application to:

Sioux Falls Police Records, Law Enforcement Center, 320 West Fourth Street, Sioux Falls, SD 57104. Phone number 605-367-7226. Business hours: Monday–Friday, 8 a.m. to 5 p.m.

Requirements:

- The completed application.
- A nonrefundable \$35 application fee.
- A bond in the penal sum of \$1,000.
- A clear photocopy of a government-issued photo identification.