

City of Sioux Falls Peddler/Vendor License Application

Please allow five business days to process 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 Owner's Name and Phone 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:

List all states applicant has resided in:

Upon any sale or order, does applicant demand, accept, or receive payment or deposit of money, in advance of final delivery?

Period of time the applicant wishes to engage in business 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:

Has the applicant been convicted of any crime, misdemeanor, or violation of any state or federal law or municipal ordinance or code **OTHER THAN TRAFFIC OFFENSES**? If so, list the nature of the offense, the punishment or penalty assessed, if previously convicted, and the place of conviction, if any. **Please note:** This portion is meant to include any ordinance violations as described above, upon turning or after the age of 18.

RENEWALS ONLY: List all convictions (except traffic offenses) since the last application.

If there are none, you must write "None."

FAILURE TO ANSWER ANY QUESTION HONESTLY MAY RESULT IN DENIAL OF A PEDDLER/VENDOR LICENSE.

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 to the Police Records Section as recorded on:

Receipt No.: _____ Dated: _____

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.