

City of Sioux Falls
Peddler's License Application



Renewal **New Application** For Year: 20_____

PERSON COMPLETING APPLICATION

Applicant Name: _____ Social Security Number: _____

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: _____

BUSINESS

Business Name (as will appear on license): _____

Permanent Business Address: _____

Local Business Address: _____

Permanent Business Phone: _____

Local Business Phone: _____

SD Sales Tax Number: _____

Verified by City Finance Office

Bond: Bond Number: _____ Expiration Date: _____

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

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Kinds of goods, wares, services, or merchandise the applicant wishes to engage in within the city:

List all states you have resided in within the last seven (7) years:

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 five (5) cities or towns wherein the applicant has worked before coming to the city of Sioux Falls:

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, the nature of the offense, the punishment or penalty assessed therefore, if previously convicted; and the place of conviction, if any.

Please note: This portion is meant to include **any** ordinance violations as described above, after the age of 18.

FAILURE TO ANSWER THIS QUESTION HONESTLY MAY RESULT IN DENIAL OF A PEDDLER'S 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 City Finance Department as recorded on:		Approved by Sioux Falls Health Department (if applicable) _____ Date _____	
Receipt No.:	Dated:	Approved by Sioux Falls Police Department _____ Date _____	

License fee is not refundable. License is not transferable.

Submit completed application to:

Lorie Hogstad, City of Sioux Falls Finance Office, 224 West Ninth Street, Sioux Falls, SD 57104-6407
Contact Info: lhogstad@siouxfalls.org or (605) 367-8082

Requirements: (1) A bond in the penal sum of \$1,000 conditioned for the faithful performance and payment of obligations of the peddler arising in connection with the business; (2) Provide photocopy of identification.

Note: Must receive approval from the City Planning Office (605-367-8888) if you wish to peddle in the Central Business District; must receive approval from the City Parks and Recreation Department (605-367-8222) if you wish to peddle in a city park.