

# City of Sioux Falls Shooting Gallery 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 City Finance Office**

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: \_\_\_\_\_ 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: \_\_\_\_\_

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

<b>TO BE COMPLETED BY CITY OF SIOUX FALLS</b>	
A fee of \$ _____ (\$39 per week or \$74 per year; includes license fee and fire inspection fee) has been paid to the City Finance Office as recorded on:	<div style="text-align: right; margin-bottom: 10px;">                         _____                          Approved by Sioux Falls Police Department    Date                     </div> <div style="text-align: right;">                         _____                          Approved by Sioux Falls Fire Rescue    Date                     </div>
Receipt No.: _____    Dated: _____	

*License fee is not refundable. License is not transferable.*

**Submit completed application to:**

Lorie Hogstad, Licensing Specialist, City Attorney's Office, 224 West Ninth Street, P.O. Box 7402, Sioux Falls, SD 57117-7402 • (605) 367-8082 • lhogstad@siouxfalls.org