City of Castlewood

PEDDLER or TRANSIENT VENDOR LICENSE APPLICATION

Applicant's Name:_____

Applicant's Permanent Address:_____

City:_____State:_____Zip:_____Cell#:_____

Vehicle Description:_____Type:_____

Color:_____License Plate Number:_____

Has applicant been convicted of any crime, misdemeanor or violation of any State or Federal Law of Municipal Ordinance or Code: NO_____ YES____If so, explanation and place of conviction_____

_____

Must have a copy of Driver's License/Picture ID

Business Name:_____

Business Permanent Address:_____

City:_____State:_____Zip:_____Phone Number:_____

Must have a copy of South Dakota State Sales Tax Form—this is not an option.

Requested Permit Dates: Start_____ End_____

Types of Goods, Merchandise, Services:_____

List the last five (5) communities where you have worked:

1:_____ 2:_____

3:_____ 4:_____

5:_____

This permit allows you to transact business between the hours of 9:00 a.m. and 6:00 p.m.

This permit must be kept with the authorized person or at the place of business and must be shown when requested.

The failure to do so shall be deemed a misdemeanor.

_____ _____

Applicant's Signature **Finance Officer Signature**

Fee: $20/day_____Paid_____ **Date_____**