

PEDDLER'S LICENSE APPLICATION
BROOKINGS COUNTY, SOUTH DAKOTA

Business Name: _____

Applicant Name: _____

Relationship to Business: _____

Names of all individuals who will be operating business in Brookings County:

Permanent Address of Business and Individuals Operating Business in Brookings County:

City, State, Zip Code: _____

Business Phone #: _____

Cell Phone #: _____ Email Address: _____

Vehicle to be Used: Make: _____ Model: _____ License Plate: _____

Starting Date: _____ Ending Date: _____

Location in Brookings County where business is being conducted: _____

Brief description of goods/services being sold: _____

Is this application for a prepared food business? _____ NO _____ YES

South Dakota Sales Tax ID #: _____

Applicant or Officer/Agent of Business - Felony/Misdemeanor Convictions in Past Five (5) Years? If yes, disclose what and when:

Applicant or Officer/Agent of Business - Judgment/Conviction for Fraud/Deceit/Misrepresentation in Past Five (5) Years? If yes, disclose what and when:

No applicant shall initially be exempt from full payment of licensing fee. Applicants may submit a written request for full or partial refund to the Brookings County Finance Officer no earlier than thirty (30) calendar days preceding the event or no later than ten (10) days after. All requests shall be considered by the Brookings County Board of Commissioners within sixty (60) days of acceptance of the request.

Fees: \$100 (unless otherwise approved) \$ _____

Total: \$ _____

The undersigned applicant hereby swears and affirms that the above and foregoing statements are true and correct. I understand and agree that I am responsible for payment of the applicable state sales tax on goods/services I sell. I further understand and agree that display or sale of obscene materials or any illegal substances or paraphernalia or contraband will be grounds for immediate suspension of my license and that any violation of state or local laws regarding obscene materials will be prosecuted.

Applicant Date

Would you like the license: _____ Mailed _____ Held at Finance Office to be picked up prior to start date listed above

_____ Emailed to: _____

Received by _____ of the Brookings County Finance Office, 520 3rd Street, Suite 100, Brookings, SD 57006, on the _____ day of _____, 20____.

Fee: Amount Paid: _____ Date Paid: _____

Method of Payment: _____ Note Reason if Fee Waived/Refunded: _____

Application Approved or Denied: _____

Reason: _____

License Issued: _____ YES _____ NO

Date Issued: _____