

**CITY OF LEAD, SOUTH DAKOTA
PEDDLER OR TRANSIENT VENDOR LICENSE APPLICATION**

Applicant's Name: _____

Applicant's Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Driver's License Number: _____ State: _____

Business Name: _____

Business's Permanent Address _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

South Dakota Sales Tax Number: _____

Federal Tax ID Number: _____

Requested Permit Dates: From: _____ To: _____

Types of Goods, Merchandise, Services: _____

List Last Five (5) Communities Where You Have Worked:

1. _____ 4. _____

2. _____ 5. _____

3. _____

Waiver of Hours Request

This permit allows you to transact business between the hours of 8:00 AM and 8:00 PM. If you wish to conduct business outside of these hours please complete the following:

Requested Beginning Hours: _____

Requested Ending Hours: _____

City Official Waiver Authorization: _____

This permit is valid for thirty (30) from issuance. 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

Date

City Official's Signature

Date

Fee Paid: _____ Date: _____ Receipt # _____