

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

Applicant's Name: _____
Applicants 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 (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) days 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 #: _____



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