

Return Completed Form To:
Planning and Zoning
108 Sherman Street
Deadwood, SD 57732



Questions Contact:
Kevin Kuchenbecker
(605) 578-2082 or
kevin@cityofdeadwood.com

Application Date: 8/27/24

APPLICATION FOR TEMPORARY VENDORS LICENSE

The Deadwood Zoning Administrator and Planning & Zoning Commission review all applications.

Applicants: Application must be received **60 days prior** to start of event. Please read thoroughly prior to completing this form. Only complete applications will be considered for review.

Applicant: Lacey Murphey Telephone: (605) 430-0344
Name of Business: revive 605 Telephone: (605) 269-8828
Applicant's Mailing Address: 3507 Blackpowder Rd RC SD 57703
Street City State Zip

Please select your type of vending:
* Outside of a Structure - \$750.00 _____
* Inside of an Existing Structure - \$250.00 X

For a period of fourteen (14) days: Beginning: 10/25/24
Ending: 11/8/24

South Dakota Sales Tax Number: 1041-2900-ST

Physical Street Address of Vending Location: 360 Main St, Deadwood, SD

Contact Name and Phone Number of Property Owners: Allison Thompson, Director of Sales
Cadillac Jacks at (605) 786-8242

Complete Description of Goods and/or Services: IV infusion therapies including hydration
vitamins, minerals, etc. Injection therapies including vitamins, etc

I agree that any falsification, misstatements or omissions, including those related to location and goods to be sold, shall result in immediate revocation of this license and forfeiture of the right to operate within the City Limits of Deadwood. It is further understood that payment of applicable state and city sales tax is made a provision of this license.

Applicant's signature: Lacey Murphey Date submitted: 8/27/2024

Fee: \$ 250 Paid On 8/28/24 Receipt Number 195814

| PLANNING AND ZONING ADMINISTRATOR: | | | |
|------------------------------------|-----|----|------------------------------|
| Approved/P&Z Administrator: | Yes | No | Signature: _____ Date: _____ |
| PLANNING AND ZONING COMMISSION: | | | |
| Approved/P&Z Commission: | Yes | No | Date: _____ |

Reason for Denial (if necessary): _____

City of Deadwood Web
Utility Billing

102 Sherman St
Deadwood, SD 57732
605-578-2600

8/27/2024 4:37:04 PM

Auth Code: 163702

Transaction ID: 107223899

Reference ID: 40173405

Contact Name: Lacey Murphey

Contact Phone Number: 6054300344

Utility Account Number: Vendor Application, Deadweird

Property Address: 360 Main St, Cadillac Jack's

Transaction Type: Credit Card

Card Type: Visa

Card Number: XXXXXXXXXXXXX8246

Name: Lacey Murphey

Amount: \$250.00

DEADWOOD-SVC FEE: \$6.88

Total Amount: \$256.88

I authorize the merchant to charge my credit card for the amount listed above. I understand that my card will be charged \$250.00 and my credit card statement will show this charge as from DEADWOOD-UTILITY. I understand that my card will be charged a separate Service Charge of \$6.88 and my credit card statement will show this charge as from DEADWOOD-SVC FEE. By signing below I acknowledge and agree to all of the terms listed above.