



For Office Use Only

License # \_\_\_\_\_

☐ Application Fee Paid  
(if required)☐ Certificate Submitted  
(if required)**Commerce License Application (Chapter 5.28)**
☐ Outside (\$750 per 14-day period)    or    ☐ Inside (\$250 per 14-day period)
**BUSINESS INFORMATION**

|                                                                                                                                                                                        |        |                                |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|-----|
| Name of Business:                                                                                                                                                                      |        | Business Phone Required:       |     |
| Physical Address:                                                                                                                                                                      |        |                                |     |
| Street                                                                                                                                                                                 | City   | State                          | Zip |
| Mailing Address:                                                                                                                                                                       |        |                                |     |
| Street                                                                                                                                                                                 | City   | State                          | Zip |
| Applicant Name:                                                                                                                                                                        | Phone: | Email:                         |     |
| Contact Person:                                                                                                                                                                        | Phone: | Email:                         |     |
| If working as a sales crew, please provide contact information for group supervisor:                                                                                                   |        |                                |     |
| Permit Dates and Times:                                                                                                                                                                |        |                                |     |
| South Dakota Sales Tax #:                                                                                                                                                              |        |                                |     |
| State Registration Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor |        |                                |     |
| If Corporation or Limited Liability what state was it formed: _____                                                                                                                    |        |                                |     |
| Statutory Agent Name and Address: _____                                                                                                                                                |        |                                |     |
| _____                                                                                                                                                                                  |        |                                |     |
| Type of product being sold:                                                                                                                                                            |        |                                |     |
| <b>Vehicle Information (if applicable)</b>                                                                                                                                             |        | <b>Number of Vehicle</b> _____ |     |
| Year/Make/Model/Color                                                                                                                                                                  |        | License Plate State & #        |     |
| Year/Make/Model/Color                                                                                                                                                                  |        | License Plate State & #        |     |
| Year/Make/Model/Color                                                                                                                                                                  |        | License Plate State & #        |     |
| Year/Make/Model/Color                                                                                                                                                                  |        | License Plate State & #        |     |

A peddler license is not a Temporary Vendor Permit or business license. To obtain a Temporary Vendor Permit or if you have any other questions, please contact the City of Deadwood Planning and Zoning at (605) 578-2082. For a business license, please contact the City of Deadwood Finance Office at (605) 578-2600.

I certify all information contained in this application and all information furnished in support of this application, is given for the purpose of obtaining a Peddler License, is true and complete to the best of my knowledge. I acknowledge I have read Deadwood City Ordinance 5.28 titled COMMERCE WITHIN THE CITY OF DEADWOOD and agree to all terms and conditions. All commerce licenses must be approved by the Deadwood City Commission and must be completed 60 days in advance.

Applicant's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please submit application and any required information via mail to address below, drop off at City Hall or email to: [misty@cityofdeadwood.com](mailto:misty@cityofdeadwood.com)

City of Deadwood  
Finance Office  
102 Sherman Street  
Deadwood, SD 57732