

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: 5/28/26

### 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: [Redacted] Telephone: [Redacted]

Name of Business: Nuvida Nutrition and Wellness Telephone: [Redacted]

Applicant's Mailing Address: [Redacted] <sup>APT 3010</sup> [Redacted] [Redacted] [Redacted] [Redacted]  
Street City State Zip

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

For a period of fourteen (14) days: Beginning: Aug 9 2026  
Ending: Aug 23 2026

South Dakota Sales Tax Number: Pending

Physical Street Address of Vending Location: [Redacted]

Contact Name and Phone Number of Property Owners: [Redacted] [Redacted] rd  
[Redacted] [Redacted] ) [Redacted]

Description of Goods and/or Services: Skincare, beauty products, peptides, Telemedicine company, Education

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 [Redacted] Date submitted: 5/28/26

Fee: \$ 250 Paid On 6/9/26 Receipt Number 208848

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): \_\_\_\_\_

