CITYOFDEADWOOD BUSINESS IMPROVEMENT DISTRICT 1-6 102 Sherman Street Deadwood, SD 57732 (605)578-2600

Service Address:	
Application Date:	
Business Owner:	
Cell/Home Phone No	_Work Phone
Email Address:	
Mail Bills To:	
The undersigned Business Owner _	
requests City of Deadwood to set up a Business Improvement District account for the property	
known as	located at
in Deadwood, SD.	
Customer agrees to pay City of Deadwood the amount established by City	
Ordinance for the number of rooms available for rent:	
and/or the number of gaming devices:	
Customer agrees to notify the City of Deadwood Finance Office in writing in the	
event the property is sold and to provide the name and other pertinent information (if	
requested by the City) of the new owner.	
Customer understands that in compliance with the Fair and Accurate Credit	
Transactions Act, the City of Deadwood will only allow applicants to make changes and	
billing inquiries on their account.	

BUSINESS OWNER SIGNATURE _____

Office Use Only Account Number 2 -_____By_____