



For Office Use Only

License # _____
 Application Fee Paid
 Certificate Submitted
 (if required)

Business License and Renewal Application

Business First Year - \$100 or Business Annual Renewal - \$20

BUSINESS INFORMATION

Name of Business: _____ Business Phone Required: _____

Physical Address: _____

Street _____ City _____ State _____ Zip _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

Name of Business Owner: _____ Phone: _____ Email: _____

Manager Name: _____ Phone: _____ Email: _____

What other names has this business operated under: _____

Website: _____

Type of Location: Commercial District Residential Home Based

South Dakota Sales Tax # and proof of Lodging License from Dept. of Health: _____

State Registration Type: Corporation Limited Liability Partnership Sole Proprietor

If Corporation or Limited Liability what state was it formed: _____

Statutory Agent Name and Address: _____

List other Business Licenses using this business name: _____

BUSINESS TYPE

Restaurant (food only, no alcohol) Bar and Food Bar (no Kitchen) Banking/Financial
 Beauty Salon Medical/Health Gaming Retail
 Firearms Transportation Manufacturing Professional Office
 Real Estate Hotel/Motel Daycare/Preschool (# of kids _____)
 Other: _____

Provide details about the goods/services provided: _____

Number of employees at this location (not including owner):			
LIST ALL HAZARDOUS MATERIALS AT THIS LOCATION (toxic, explosive, chemicals, liquids, etc.)			
PROPERTY OWNER INFORMATION			
Name of Property Owner:			Phone:
Mailing Address:			
Street	City	State	Zip
EMERGENCY CONTACT INFORMATION			
In the event of a Police or Fire Emergency, the information you provide assists us in contacting a responsible party after business hours. Ideally, the primary contact person will be able to respond to the business in a short amount of time and have the necessary keys/alarm codes to enter the building.			
Primary Contact:		Title:	
After Hours Phone Number(s):			
Secondary Contact:		Title:	
After Hours Phone Number(s):			
ALARM INFORMATION			
Does this business have an alarm system? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, monitoring company name:			
Phone Number:			
REQUIRED ITEMS TO SUBMIT WITH APPLICATION			
<input type="checkbox"/> Health or Sanitary Certificate (if applicable)			

A business license is not a Temporary Vendor Permit. 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.

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 Business License, is true and complete to the best of my knowledge. I acknowledge I have read the Deadwood City Ordinance 5.02 titled Business Licenses and agree to all of the terms and conditions contained in the guidelines.

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

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