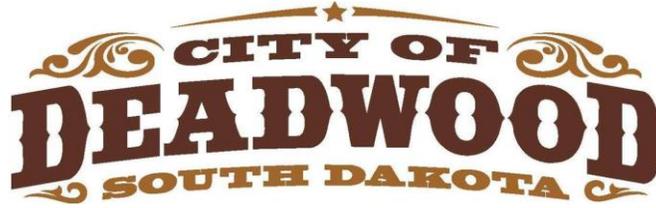


First Year fee waived if submitted prior to 9/30/2020.



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 Property Owner: _____ Phone: _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

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

Manager Name: _____ Phone: _____ Email: _____

What other names has this business operated under: _____

Physical Address: _____

Street _____ City _____ State _____ Zip _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

Business Phone Required: _____

Website: _____

Type of Location: Commercial District Residential Home Based

South Dakota Sales Tax #: _____

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)

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? YES NO

If yes, monitoring company name: _____

Phone Number: _____

REQUIRED ITEMS TO SUBMIT WITH APPLICATION

Health or Sanitary Certificate (if applicable)

A business license is not a Temporary Vendor Permit. To obtain a Vendor Permit or if you have any other questions, please contact City of Deadwood 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 guidelines for a business license for this application 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