

**CITY OF VALLEY SPRINGS**

**PEDDLER'S LICENSE APPLICATION FORM**

The undersigned made application as provided for under the provisions of Ordinance 4-0301, valid for a period of one year from date granted.

NAME OF APPLICANT \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

COMPANY REPRESENTING \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

COMPANY PHONE \_\_\_\_\_

TYPE OF GOODS, PRODUCTS OR SERVICES YOU WISH TO SELL \_\_\_\_\_

\_\_\_\_\_

UPON A SALE OR ORDER, DO YOU RECEIVE PAYMENT OR A DEPOSIT IN ADVANCE OF FINAL DELIVERY  
(YES) \_\_\_\_\_ (NO) \_\_\_\_\_

GENERAL VICINITY BEING SOLICITATED AND PERIOD OF TIME YOU WISH TO ENGAGE IN BUSINESS WITHIN THE CITY \_\_\_\_\_

\_\_\_\_\_

LAST FIVE CITIES SOLICITATED \_\_\_\_\_

\_\_\_\_\_

SOUTH DAKOTA SALES TAX # \_\_\_\_\_

STATE OF SOUTH DAKOTA'S PEDDLER'S LICENSE # \_\_\_\_\_

Date State License was issued or applied for \_\_\_\_\_

(A State of SD Peddler's License may be required. It is your obligation to call the Division of Consumer Protection in Pierre, SD @ 605-773-4400 to determine if you need one).

Has applicant been convicted of any crime, misdemeanor or violation of any State or Federal Law or Municipal Ordinance or Code: If so, the nature of the offense, the punishment or penalty assessed therefore, if previously convicted; and the place of conviction, if any: \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_

AGENT'S PHONE \_\_\_\_\_

(Agent: A resident of South Dakota to be served with legal documents, if necessary. Failure to keep the City of Valley Springs informed of current name and address shall be grounds for revocation of license).

\$25.00 Application Fee must accompany application.

Return to: City of Valley Springs, PO Box 118, Valley Springs, SD 57068

Date paid: \_\_\_\_\_

NO REFUNDS ON LICENSE FEE, ONCE GRANTED.

THIS LICENSE IS NOT TRANSFERABLE AND IS FOR INTERNAL USE ONLY.

\_\_\_\_\_  
(Signature of Applicant)

Approved by Valley Springs Board of Commissioners: \_\_\_\_\_  
(Mayor)

Date Granted: \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

VEHICLE INFORMATION:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

STATE LICENSE \_\_\_\_\_ LICENSE NO \_\_\_\_\_

VEHICLE INFORMATION:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

STATE LICENSE \_\_\_\_\_ LICENSE NO \_\_\_\_\_

VEHICLE INFORMATION:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

STATE LICENSE \_\_\_\_\_ LICENSE NO \_\_\_\_\_

**LIST OF LICENSES HELD:**

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