



Peddler's License Form

_____ Application
Expires: 12/31/_____

NOT TRANSFERABLE

Requirements: (1) Cannot peddle between the hours of 9 p.m. to 9 a.m. or on Sundays, unless specified on this application; (2) Police Department approval; (3) City Administrator approval.

State Sales Tax required and obtained from the South Dakota Department of Revenue. 1-800-829-9188.

The City of Brandon is under no obligation to refund license application fees if denied.

Applicant's Information			Business Information
Last Name	First Name	Middle Name	(*Will Be Printed on the License)
Local Address	Permanent Address		Permanent Address
Telephone Number			
Sales Tax Number			
Social Security Number			ID Rec'd? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date			Type: _____
(Proof is required)			_____
			(Completed & verified by Police Department)
Permit Issue Date			Permit Expiration Date

Application made this _____ day of _____, 20_____.

Contact Person's Name: _____

Contact Person's Address: _____

Approved By:

City Administrator or designee

For the Police Department (Note: 48 hours needed for review)

Return completed applications to:
Brandon Police Dept, PO Box 95,
304 Main Avenue, Brandon, SD 57005-0095
(605) 582-6125

Signature of Applicant

The license fee in the amount of \$ _____
has been paid to the City of Brandon as
recorded on Receipt No. _____
dated _____
No Refunds on License Fee

Sunday Approval Yes No
Extended Hours Yes No Hours _____
Peddler's Lic. \$ _____ (Day, Wk, Yr)
Route Sales \$ _____ (Year)
Sidewalk Vend \$ _____ (Year)

Information on reverse side needs to be completed before the application can be processed.

Kinds of goods, wares, services, or merchandise the applicant wishes to engage in within the city:

List all states you have resided in within the last seven (7) years:

Upon any sale or order, does the applicant demand, accept, or receive payment or deposit of money, in advance of final delivery? _____

Period of time the applicant wishes to engage in business within the city and location:

List five (5) cities or towns wherein the applicant has worked before coming to the City of Brandon:

Vehicle Information:

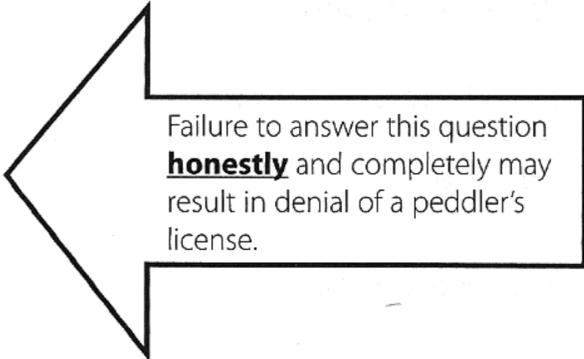
Make: _____ Model: _____ Year: _____ Color: _____

Lic #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

Lic #: _____ State: _____

Has the 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.



Please note: This portion is meant to include any ordinance violations, including traffic violations, after the age of 18.

If a Partnership:

The Name and Address of each partner:

If a Corporation:

The Name and Address of each officer:
