



# License Application for Peddler/Transient Merchant

Application Date: \_\_\_\_\_ License in Effect from: \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_ (7 Days)

Name of Applicant(s): \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

If Employed, name & address of employer and relationship: \_\_\_\_\_

SD Sales Tax License #: \_\_\_\_\_ \*REQUIRED (Attach a copy of the license)

Vehicle Make/Model/Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Other towns/cities in South Dakota where you have had a similar license in the past year:

Description of the nature of business and the goods to be sold or services to be rendered: (in the case of farm/orchard products state whether grown or produced by the applicant)

Have you ever been convicted of any misdemeanor, crime or violation of city ordinance? \_\_\_\_\_

If yes what was the nature of the offense and the name of the court and city:

\* I understand that I am liable for any problems or damages incurred by myself or my company while I/We are doing business within the City of Ipswich. I also understand that the license is only effective for seven (7) days.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----For Office Use -----

\$100.00 Fee Paid on: _____
Receipt #: _____ Check #/Cash: _____
Taken By: _____

This License Application will be copied and given to the applicant(s).

It must be in the possession of all Peddlers, solicitors or transient merchants at the time of sales. It must be shown to anyone on demand. Failure to comply will result in legal action.