



# 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<br>(Proof is required) |            |                   | Type: _____<br>_____   |
| Permit Issue Date                 |            |                   | (Completed & verified by Police Department)                        |
|                                   |            |                   | Permit Expiration Date   |
|                                   |            |                   |  |

Application made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Contact Person's Name: \_\_\_\_\_

Contact Person's Address: \_\_\_\_\_

Approved By:

\_\_\_\_\_  
City Administrator or designee

\_\_\_\_\_  
Signature of Applicant

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**

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:

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

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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:

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

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Vehicle Information:

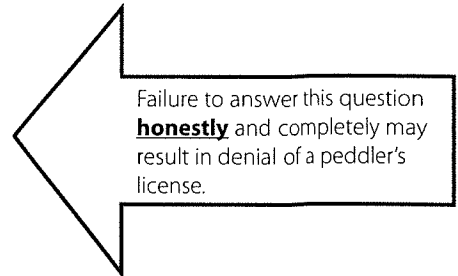
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

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.

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**If a Partnership:**

**The Name and Address of each partner:**

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**If a Corporation:**

**The Name and Address of each officer:**

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