

# MEADE COUNTY APPLICATION FOR VENDOR PERMIT

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

- License is valid for 12 consecutive days.

Location in Meade County where business is being conducted:

\_\_\_\_\_

Brief description of goods/services being sold: \_\_\_\_\_

\_\_\_\_\_

Is this application for a prepared food business?       NO       YES

South Dakota Tax ID #: \_\_\_\_\_

No organization shall initially be exempt from full payment of vendor licensing, regardless of tax exempt status. Organizations recognized under Internal Revenue Code 501(c) (3) as a bona fide religious or charitable organization may submit a written request for full or partial refund by a pre-approved format to the Director of Equalization Office no earlier than 30 calendar days preceding the event or no later than 10 days after. All requests shall be considered by the Meade County Governing Board within 60 days of acceptance of the request.

***Fees:***

Meade County Application Fee: **\$450**      **OR:**      \$ \_\_\_\_\_

If received 30 or more days prior: **\$405**      \$ \_\_\_\_\_

Are you a tattoo artist?       NO       YES, add **\$100**      \$ \_\_\_\_\_  
(state inspection fee)

Are you performing piercing?       NO       YES, add **\$100**      \$ \_\_\_\_\_  
(state inspection fee)

**TOTAL**      \$ \_\_\_\_\_

The undersigned applicant hereby swears and affirms that the above and foregoing statements are true and correct. I understand and agree that I am responsible for payment of the applicable state sales tax on goods/ services I sell. I further understand and agree that display or sale of obscene materials will be grounds for immediate suspension of my license and that any violation of state or local laws regarding obscene materials will be prosecuted.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Would you like license:       Mailed

Held at Equalization Office to be picked up prior to start date listed above

Meade County Equalization Office  
1300 Sherman St  
Sturgis SD 57785  
Fax: 605-347-6830