Application for Transient Vendor License
Meade County, South Dakota

Fee: $400.00 (CASH, MONEY ORDER or CASHIER'S CHECK ONLY) *see below for applicable additional fees for State Inspection.

License valid for 12 consecutive days. Starting Date: _____ Ending Date: _____

Business Name: _____

Applicant Name: _____

Permanent Address of Applicant: _____

Phone # _____ Email Address: _____

Location in Meade County where Applicant intends to conduct business: _____

_____

Brief description of nature of business and goods/services to be sold: _____

_____

Is this application for tattoo and/or body piercing business? ☐ No ☐ Yes

If yes, an additional fee of $25.00 per tattoo artist must be submitted for State Inspection Fee; an additional $75.00 per body piercing artist must be submitted for State Inspection Fee; and if doing both an additional $100.00 per tattoo/body piercing artist must be submitted for State Inspection Fee.

Is this application for a prepared food business? ☐ No ☐ Yes

South Dakota Sales Tax ID Number: _____

Are you a non-profit under Section 501(c) of the Internal Revenue Code? ☐ No ☐ Yes
If your answer is yes, you must provide proof in order to be exempt from the licensing fee.

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 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 Witness

Would you like License: Mailed ☐
Held at Auditor's Office ☐

Do Not Fill Out Below This Line

LICENSE: Auditor Staff Only
This license must be prominently displayed at the location of the transient business.

This license is valid for a 12 consecutive day period. Starting Date: _____ Ending Date: _____

☐ Exempt non-profit

Total fee collected: _____ State Inspection completed _____

MEADE COUNTY AUDITOR

By: _____ Date _____ (SEAL)

NOT VALID UNLESS SIGNED AND EMBOSSED WITH OFFICIAL SEAL