City of Belle Fourche
Application for Transient Merchant Permit
Fee of $25.00- Valid no longer than 30 consecutive days.

Personal Information

Name of Applicant:_____
Last *First* *MI*

Personal Address:_____
Street/Avenue *City* *State* *Zip*

Temporary Local Address:_____
Street/Avenue *City* *State* *Zip*

Phone #'s: _____ *(Cell, Home, Business)* _____ *(Cell, Home, Business)*

Applicant's Date of Birth: _____ **SS#**_____

Location of Temporary Business:_____
Street/Avenue *City* *State* *Zip*

South Dakota Sales Tax License #_____

Have you been convicted of any crime or violation of state or federal law or municipal ordinance or code (other than traffic offenses)? Yes ☐ or No ☐

If yes, answer the following:

1. **Nature of Offense & Date of Conviction:**_____
2. **Punishment /Penalty Assessed:**_____
3. **Place of Conviction(s):** _____
State *County*

Attach separate sheets(s) if additional convictions exist.

Business Entity Information

Temporary Food Vendors/Peddlers must fill out the South Dakota Department of Health Temporary Food Service Requirement Checklist and Applicant prior to obtaining this permit

Business Entity Name: _____

Business Entity Address:_____
Street/Avenue *City* *State* *Zip*

Description of goods, wares, merchandise or services sold:

Will you demand, accept or receive payment or deposits from customers prior to delivery of the goods or services? Yes☐ or No☐

Dates Applicant wishes to engage in business within the city:
Start Date_____ **to** _____

Hours of Operation starting at _____ **am/pm ending at** _____ **am/pm.**

Applicant must supply a Surety Bond in the amount of $1,000.

Bonding Company:_____
Address of Bond Company:_____
Bond Number: _____

List the last three Cities or towns where the applicant has worked before Belle Fourche.

1. _____
2. _____
3. _____

I promise, swear and declare under the penalties of perjury that the statements made in this application are true and correct.
I have and understand the City of Belle Fourche Transient Merchant Ordinance:

Signature: _____ **Date:** _____