



A GREAT PLACE TO CALL HOME

## **BUSINESS LICENSE APPLICATION**

<u>General Information (Please Print)</u> :		
Business Name		_Date
Primary Contact Person(s)		
Local Address		
Local Business Phone	Cell Phone	
Home Office Address (if applicable)		
Home Office Phone (if applicable)	Email	
Mailing Address		
After Hours Contact		_Phone
Sales Tax License Number:		
Is the building alarmed? 🗖 Yes 🗖 No	Building is 🛛 Owned	🗖 Leased
If leased, please provide building owner's signature:		
Signature		Date
Printed Name		Business License Fees:
		□ New Business License \$100 □ Annual Renewal \$25
I certify the above information is true and correct:		
Applicant Signature		Date
FOR OFFICE USE ONLY		
Paid: 🗆 Yes 🗖 No	Amount Paid	
Date Paid	Payment Type: 🗖 Cash 🔲 Check 🔲 Credit Card	

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