



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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