

# City of Parkston Peddler/Vendor License Application

**Renewal**     **New Application**    For Year: 20\_\_\_\_\_

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## APPLICANT

Applicant Name: \_\_\_\_\_  
(Last, First, Middle)

Home Address: \_\_\_\_\_

Home Phone/Cell Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Sex:     Female     Male    Email Address: \_\_\_\_\_

Is applicant also the contact person?     Yes     No    If not, who is the contact person for this application:

\*Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone/Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*If working as a sales crew, please provide contact information for the group supervisor.

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## BUSINESS

Business Name (as will appear on license): \_\_\_\_\_

Business Owner's Name and Phone Number: \_\_\_\_\_

Business Owner's Email Address: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

Local Business Phone Number: \_\_\_\_\_

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

Permanent Business Phone Number: \_\_\_\_\_

SD Sales Tax Number: \_\_\_\_\_

Bond:    Bond Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

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**Kinds of goods, wares, services, or merchandise the applicant wishes to engage in within the city:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all states applicant has resided in:**

\_\_\_\_\_

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Upon any sale or order, does applicant demand, accept, or receive payment or deposit of money, in advance of final delivery?

Period of time the applicant wishes to engage in business within the city and location:

List the cities or towns wherein the applicant has worked as a peddler for the last five years prior to application:

Has the applicant been convicted of any crime, misdemeanor, or violation of any state or federal law or municipal ordinance or code **OTHER THAN TRAFFIC OFFENSES**? If so, list the nature of the offense, the punishment or penalty assessed, if previously convicted, and the place of conviction, if any. **Please note:** This portion is meant to include any ordinance violations as described above, upon turning or after the age of 18.

**RENEWALS ONLY:** List all convictions (except traffic offenses) since the last application.

If there are none, you must write "None."

**FAILURE TO ANSWER ANY QUESTION HONESTLY MAY RESULT IN DENIAL OF A PEDDLER/VENDOR LICENSE.**

Application made this \_\_\_\_\_ day of \_\_\_\_\_, 20 **X** \_\_\_\_\_  
Applicant's Signature

| TO BE COMPLETED BY CITY OF PARKSTON |  |
|-------------------------------------|--|
| Receipt No.: _____ Dated: _____     | <input type="checkbox"/> _____<br><div style="text-align: right;">Date</div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Approved by City of Parkston</span> <span>Date</span> </div> |

*Application fee is not refundable. License is not transferable.*

**Submit completed application to:**  
 City of Parkston 207 W Main St. PO Box 490 Parkston, SD 57366  
 605-928-3321 Business hours: Monday-Friday, 8 a.m. to 5 p.m.

**Requirements:**  
 606 The completed application.  
 607 A nonrefundable \$25 application fee  
 608 A clear photocopy of a government-issued photo identification.  
 609 A Copy of current sales tax license.