

TRANSIENT MERCHANT LICENSE APPLICATION
City of Parkston, South Dakota

Applicant Name, Address, and Telephone No.

The name or names of the person or persons having the management of supervision of applicant's business during the time it is proposed that it will be carried on in the City of Parkston and the permanent address and addresses of such person or persons, the capacity in which such person or persons will act; that is whether proprietor, agent or otherwise:

The place or places in the City of Parkston where it is proposed to carry on applicant's business and the length of time it is proposed that said business shall be conducted:

State the nature and character and quality of the goods, wares and merchandise to be sold or offered for sale by applicant, whether the same are proposed to be sold from stock in possession or by sample, at auction, by direct sale, or by taking orders for future delivery, where the goods or property proposed to be sold are manufactured or produced and where such goods or products are located at the time said application is filed:

List three references: (Include complete address and telephone numbers).

Dated this _____ day of _____, 2009.

Signed

Title