



LICENSE NO: _____

License in Effect: **JULY 2014 – JUNE 2015.**

Expires June 30, annually.

ANNUAL FEE: **\$20.00**

BUSINESS LICENSE APPLICATION

Renewal payments must be made on or before June 30 or a fine will be assessed (per Ordinance 5.36.020).

Received Copy of: SD SALES TAX NO: _____ - - FEIN: _____ --

TRADE NAME OR DBA: _____

LEGAL NAME OF BUSINESS ENTITY: _____

BUSINESS TYPE: Sole Proprietor Corporation Partnership LLC Non-Profit (\$20 Fee Waived)

PHYSICAL BUSINESS ADDRESS: _____ NORTH SIOUX CITY, SD 57049

BUSINESS PHONE: _____ BUSINESS FAX: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ TITLE: _____ CELL: _____

CONTACT PHONE: _____ FAX: _____ EMAIL: _____

PLEASE DESCRIBE YOUR BUSINESS' PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: _____

HOW MANY DO YOU EMPLOY? _____ DO YOU HAVE A BLDG WITH AN ALARM? Y / N DO YOU HAVE SIGNAGE? Y / N

CHANGES – Any changes or modifications provided to the City shall be submitted in writing within 30 days of change.

ZONING LIMITATIONS – A business license does not authorize the holder to conduct business in violation of any zoning ordinance. The location of your business should be indicated above. You must list a physical address (a post office box or mail drop is not considered a physical address).

CLOSING LICENSE ACCOUNT – A written notice of business closing must be submitted to the City of North Sioux City at the address noted above. Non-Renewal of a Business License does NOT close your license account.

WEBSITE INCLUSION – As a courtesy, we list current licensed businesses in the City's Business Directory. You may be included in two categories if you choose, as well as the alphabetical listing. See category list (listed on the back) and indicate your selections below.

Do Not Include Include In Category 1. _____ 2. _____

Include Business Website in Listing: _____

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I certify or declare under penalty of perjury under the laws of the State of South Dakota that the foregoing is true and correct. All information given is subject to verification with State of South Dakota, Department of Revenue.

NAME (print clearly) _____ TITLE _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE REC'D: _____ BY: _____ CHECK NO. _____ CASH RECEIPT NO. _____