



APPROVED

DENIED

VENDOR PERMIT APPLICATION
Not Transferable

APPLICATION FOR THE PERIOD BEGINNING		AND ENDING	
APPLICANT INFORMATION			
APPLICANT NAME		PHONE NO.	
HOME ADDRESS, CITY, STATE, ZIP			
DRIVERS LICENSE NO. & STATE		SOCIAL SECURITY NO.	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY FEDERAL LAW OR MUNICIPAL CODE OR ORDINANCE? IF SO, LIST NATURE OF OFFENSE, PUNISHMENT OR PENALTY, AND PLACE OF CONVICTION.			
BUSINESS / OWNER INFORMATION			
BUSINESS NAME		PHONE NO.	
BUSINESS ADDRESS, CITY, STATE, ZIP			
OWNER NAME (if different than applicant)			
OWNER PERSONAL ADDRESS, CITY, STATE, ZIP			
SALES / VEHICLE INFORMATION			
DESCRIPTION OF ITEM TO BE SOLD (food, beverage, merchandise or service)			
DESCRIPTION OR PHOTO OF STAND OR MOTOR VEHICLE USED			
MOTOR VEHICLE LICENSE AND REGISTRATION NO.			
LOCATION FOR SALES STAND OR MOTOR VEHICLE			

It is unlawful for any person to give any false or misleading information in connection with his or her application for a Vendor Permit.

_____ Applicant Signature

_____ Date

FOR OFFICE USE ONLY

RECEIVED COPY: DRIVERS LICENSE INSPECTION CERTIFICATE SD STATE SALES TAX NO
 FOOD SERVICE LICENSE AND OPERATING PERMIT INSURANCE POLICY (Listing North Sioux City)

RECEIVED BY: _____ DATE _____ \$35.00 FEE: RECEIPT # _____ CHECK # _____ CASH