

**MEADE COUNTY VENDOR REFUND APPLICATION**

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location in Meade County where business was conducted:

\_\_\_\_\_

Brief description of goods/services offered and organizations benefitted: \_\_\_\_\_

\_\_\_\_\_

Internal Revenue Service 501(c) (3) number: \_\_\_\_\_

**\*ATTACH A COPY OF THE INTERNAL REVENUE SERVICE 501(c)(3) paperwork.**

Please check which applies: Charitable Organization \_\_\_\_\_ Religious Organization \_\_\_\_\_

No organization shall initially be exempt from full payment of vendor licensing, regardless of tax exempt status. Organizations recognized under Internal Revenue Code 501(c)(3) as a bona fide religious or charitable organization may submit a written request for full or partial refund by a pre-approved format to the Director of Equalization Office no earlier than 30 calendar days preceding the event or no later than 10 days after. All requests shall be considered by the Meade County Governing board within 60 days of acceptance of the request.

The undersigned applicant hereby swears and affirms that the above and foregoing statements are true and correct.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Meade County Equalization Office  
1300 Sherman St  
Sturgis SD 57785  
Fax: 605-347-6830