

**2020 MEADE COUNTY APPLICATION FOR VENDOR LICENSE
ORDINANCE 11**

Business Name: _____

Applicant Name: _____

Permanent Address: _____

City, State, Zip Code: _____

Business Phone #: _____

Cell Phone #: _____ Email Address: _____

Starting Date: _____ Ending Date: _____

• License is valid for 12 consecutive days.

Campground / Location in Meade County (outside city limits) where business is being conducted:

Brief description of goods/services being sold/provided: _____

IF YOU ARE HOLDING A RAFFLE, YOU MUST NOTIFY THE SECRETARY OF STATE OR MEADE COUNTY COMMISSION AT LEAST 30 DAYS PRIOR, COMPLYING WITH STATE STATUTE 22-25-25

South Dakota Tax ID #: _____

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.

Fees:

- **Vendor Booth/Artist/Roving Distributor/Seller** \$ _____
\$700 / 1st booth; \$650 / each additional booth # booths _____
- **Transportation Services** \$ _____
\$200 / 1st unit ; \$150 each additional unit, up to \$950 maximum
- **ATM fee per machine** \$125/machine # machines _____ \$ _____

TOTAL FROM FIRST 3 LINES _____ \$ _____

Is this application postmarked at least 30 day prior to rally?

If so, multiply total from first 3 lines times 90% (for 10% early submission discount)

SUBTOTAL _____ \$ _____

• **Are you a tattoo artist?** Yes ___ add \$150 (state inspection fee) \$ _____

• **Are you performing piercing?** Yes ___ add \$150 (state inspection fee) \$ _____

TOTAL _____ \$ _____

The undersigned applicant hereby swears and affirms that the above and foregoing statements are true and correct. I understand and agree that I am responsible for payment of the applicable state sales tax on goods/ services I sell. I further understand and agree that display or sale of obscene materials will be grounds for immediate suspension of my license and that any violation of state or local laws regarding obscene materials will be prosecuted.

Applicant

Date

Would you like license: ___ Mailed ___ Held at Equalization Office to be picked up prior to start date

Meade County Equalization Office
1300 Sherman St Ste 222
Sturgis SD 57785