

**APPLICATION FORM
FOR THE USE OF THE
GREAT SEAL OF THE
STATE OF SOUTH DAKOTA**

Pursuant to SDCL 1-6-3, the Commissioner of the Bureau of Administration has been granted the authority to authorize the use of the Great Seal of the State of South Dakota for for-profit, commercial purposes. This authorization must be applied for by completing this form, complying with its provisions, and signing it.

Any person using the Great Seal for the above mentioned purposes without stated authorization is guilty of a Class 1 Misdemeanor.

This application form must be completed for each product proposing to use the Great Seal of the State of South Dakota.

A copy of this form will be returned to the applicant, whether the application is approved or denied.

Please return this completed form and all requested materials to the Bureau of Administration, Great Seal, 500 East Capitol Avenue, Pierre, SD 57501.

1. Applicant Name _____

2. Address _____

3. City _____ State _____ Zip Code _____

4. Home telephone number __ (____) _____

5. Business Name _____

6. Address _____

7. City _____ State _____ Zip Code _____

8. Business telephone number __ (____) _____

9. Indicate type of ownership: _____ Single Owner _____ Partnership _____ Corporation
_____ Other (Specify) _____

10. If corporation was checked please provide:
State of Incorporation _____
Date of Incorporation _____
If state other than South Dakota, show date of registration with South Dakota's Secretary of State:

11. If partnership or corporation was checked, please list the principle officers or partners below:

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Manufacturer's Name (if different from #5) _____

13. Address _____

14. City _____ State _____ Zip Code _____

15. Do you currently have or have you had a sales and use tax license in South Dakota? _____ Yes, # _____ No

16. Please briefly describe the product below and enclose a photograph(s) that clearly shows the use of the Great Seal on the product and the product as a whole. (The photograph(s) will be retained on file at the Bureau of Administration.)

17. Please indicate your marketing plans below:

- a) Quantity to be produced annually: _____
- b) Product distribution: _____
- c) How long will the product be available in South Dakota? _____
- d) Product pricing: Production price _____
- e) Wholesale Price _____ Retail Price _____

18. Please enclose a bank draft, money order, or personal check in the amount of \$500 payable to the State of South Dakota with this form.

19. Please read this statement carefully and sign below:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND ACKNOWLEDGE THAT USING THE GREAT SEAL OF THE STATE OF SOUTH DAKOTA FOR FOR-PROFIT, COMMERCIAL PURPOSES WITHOUT AUTHORIZATION FROM THE COMMISSIONER OF THE BUREAU OF ADMINISTRATION IS A VIOLATION OF SDCL 1-6-3 AND A CLASS 1 MISDEMEANOR. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT IF AUTHORIZATION IS GRANTED FOR SUCH A USE AND THE AUTHORIZATION IS VIOLATED, IMMEDIATE REVOCATION OF THE AUTHORIZATION WILL OCCUR AND A VIOLATION OF SDCL 1-6-3 WILL HAVE BEEN COMMITTED.

DATE

SIGNATURE

TITLE

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APPLICATION STATUS

_____ **Approved**

This authorization is valid for 1 year from the approval date. An application for renewal must be completed 30 days prior to the expiration of the authorization period. (Renewal application may be obtained from the Bureau of Administration.)

Date of Approval ____/____/____

Commissioner's Signature _____

AUTHORIZATION NUMBER: _____

Renewal Date ____/____/____

_____ **Denied**

Authorization for the use of the Great Seal of the State of South Dakota is denied for this product.

Date of Denial ____/____/____

Reason for Denial _____

Commissioner's Signature _____