



IRP Ownership Information

Do not include reporting service information anywhere on this form
All information must be completed before a license will be issued

An IRP License Application Must Accompany This Form. Attach Additional Sheets if necessary

– Please Type or Print in Black Ink –

General Information		
Owner, Partner or Corporation Name		Federal Identification Number
Business Name (if different from above)		
Location Address		
City	State	Zip
County	Telephone	Fax
Mailing Address (if different from location address)		
City	State	Zip
Ownership Type (check one) *If partnership, please indicate type <input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Single Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Corporation - please fill out corporation information below State of Incorporation: Date of Incorporation (MM-DD-YY) If not SD corporation, indicate date of registration with SD Secretary of State (MM-YY) <input type="checkbox"/> Other (Please Explain) <small>*Formal Partnership - written agreement between partners/Informal Partnership - Verbal agreement between partners</small>		
South Dakota Tax License History		
Do you have any current or cancelled tax licenses issued by the South Dakota Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" , please list below. ("Type" includes sales, use contractors' excise, motor fuel, liquor, cigarette, IFTA, IRP, etc.)		
Type	License Number	Operated From (MM-YY) to
Type	License Number	Operated From (MM-YY) to
Type	License Number	Operated From (MM-YY) to
Type	License Number	Operated From (MM-YY) to
Type	License Number	Operated From (MM-YY) to

South Dakota Department of Revenue
Office of Prorate and Commercial Licenses
445 East Capitol Avenue
Pierre, South Dakota 57501-3100
(605) 773-4111

Business Owner Information

ALL APPLICANTS MUST COMPLETE THIS SECTION.

Sole Proprietorships must list sole ownership information; **Partnerships** must list names of all principal partners; **Corporations** must list names of all principal officers. (As provided in Section 7(b) of the Federal Privacy Act of 1974, Public law 93-579, you are informed that the Social Security number is a mandatory request and requirement pursuant to SDCL 32-10-36 and that it will be used as an identification number for file control and record-keeping purposes and for possible cross-checking with Internal Revenue Service.)

The applicant(s), under penalties of law, declare(s) that the information set forth on this application is true and complete.

List name of all owners, partners or principal officers: (Home addresses and phone number must be supplied along with each individual's Social Security Number.)

Name		Title		
Home Address	City	State	Zip	
Home Phone Number		Social Security Number		
Signature		Date		
Name		Title		
Home Address	City	State	Zip	
Home Phone Number		Social Security Number		
Signature		Date		
Name		Title		
Home Address	City	State	Zip	
Home Phone Number		Social Security Number		
Signature		Date		
Name		Title		
Home Address	City	State	Zip	
Home Phone Number		Social Security Number		
Signature		Date		

This application must be signed by the owner, by all partners in the case of a partnership, or by an executive officer in the case of a corporation. An authorized person may sign for a partnership or a corporation if proof of authorization is attached to the application. Attach additional sheets for signatures if necessary.

The Department of Revenue requires a new form to be completed when any changes occur in owners, partners or corporate officers.

– Incomplete applications will not be processed –