

**Application for Transient Vendor License  
Meade County, South Dakota**

**Fee: \$400.00** (CASH, MONEY ORDER or CASHIER'S CHECK ONLY) \*see below for applicable additional fees for State Inspection.

**License valid for 12 consecutive days.** Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

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

Permanent Address of Applicant: \_\_\_\_\_

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

Location in Meade County where Applicant intends to conduct business: \_\_\_\_\_

Brief description of nature of business and goods/services to be sold: \_\_\_\_\_

Is this application for tattoo and/or body piercing business?  No  Yes

*If yes, an additional fee of \$25.00 per tattoo artist must be submitted for State Inspection Fee; an additional \$75.00 per body piercing artist must be submitted for State Inspection Fee; and if doing both an additional \$100.00 per tattoo/body piercing artist must be submitted for State Inspection Fee.*

Is this application for a prepared food business?  No  Yes

South Dakota Sales Tax ID Number: \_\_\_\_\_

Are you a non-profit under Section 501(c) of the Internal Revenue Code?  No  Yes

*If your answer is yes, you must provide proof in order to be exempt from the licensing fee.*

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 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

\_\_\_\_\_  
Witness

Would you like License: Mailed   
Held at Auditor's Office

Do Not Fill Out Below This Line

**LICENSE: Auditor Staff Only**

***This license must be prominently displayed at the location of the transient business.***

This license is valid for a 12 consecutive day period. Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Exempt non-profit

Total fee collected: \_\_\_\_\_ State Inspection completed \_\_\_\_\_

**MEADE COUNTY AUDITOR**

By: \_\_\_\_\_ Date \_\_\_\_\_ (SEAL)

**NOT VALID UNLESS SIGNED AND EMBOSSED WITH OFFICIAL SEAL**