South Dakota Department of Revenue

For the year ending December 31,									
Please type or print clearly									
1.	Owner/Operator name - enter name of sole proprietor, partnership, or corporation.		Sales Tax Number						
2.	Business/trade name-if different than above		Telephone Number						
3.	Mailing address of business Street of P.O. box City	State	Zip						
4.	Location address of business-if different than above Street of P.O. box City	State	Zip						
5.	Type of business: □Sole Proprietorship □Partnership	ousiness: Sole Proprietorship Partnership Corporation							
6.	Identify owner(s), partners or corporate officers Name Address City		State Zip						
7.	List names of directors, managers and supervisors								
8.	List address of each facility (if different from No. 3 or No. 4 abe equipment and supplies are kept. Address City	ove) who	ere business records and lottery Zip						

Application For License To Manufacture Bingo And Lottery Equipment And Supplies

	re all persons listed in oral turpitude?	n No. 6 or No. 7 □Yes	of good moral chara □No	acter and have ne	ver been convicted of a crime of
10. Is	the applicant a whole	esale distributor	of alcoholic beverag	ges? □Yes	□No
his ag distrib	ents to enter upon an	d inspect any sit	e where bingo or lot location of any reco	tery equipment ords of the distribu	rmit the Secretary of Revenue or supplies are stored by this ator connected with the sale of
	penalty of perjury, l knowledge.	declare that the	information submitt	ted herewith is co	ompete and accurate to the best
Signa	ture (ceo/owner)			Date	
Name	(please print)			Title	
Signat	ture of partners			Signature of part	ner
Signat	ture of partner			Signature of part	ner
Signat	ture of preparer				
Name	/position of preparer				

Instructions

- A. **All questions** must be answered or marked N/A, if not applicable. Incomplete application may be returned.
- B. License fee: \$2,500.00 (make check payable to SD Treasurer) License Year: January 1 through December 31.
- C. Only one license application and fee is necessary for each entity regardless of number of warehouse locations.
- D. Attach additional sheets if necessary.
- E. Changes in report information must be reported within 10 days.
- F. **Mail application to**: Special Tax Division, 445 E capitol Avenue, Pierre, SD 57501-3100.