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Business License Application

City of Sturgis - Community Development Department - 1040 2nd Street - Sturgis, SD 57785 - Ph. (605) 347-4424

OFFICE USE ONLY

Business License #:

www.sturgis-sd.gov

BUSINESS INFORMATION

*License Type:

*Business Status:

*State Registration:

*Business Name:

If name change, previous name:

*Location Address:

*Business Phone:

*Mailing Address:

*City:

*State:

*Zip Code:

*E-mail Address:

Website Address:

*Type of Business:

If Home Occupation, Will people be coming to your home to transact business?

*Nature of Business:

Explain Other:

of children (daycare/preschool):

of Employees at location:

(If you are the owner, DO NOT count yourself)

*Briefly describe your business:

*Does your business sell products?

If yes, what is your South Dakota Sales Tax ID #

*Will your business produce, store, or use significant quantities of any toxic, explosive, or dangerous chemicals, liquids, or materials?

List materials:

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name: _____
Owner Address: _____
City: _____ State: _____ Zip Code: _____
Phone One: _____ Phone Two: _____
Date of Birth: _____

IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, PLEASE COMPLETE THIS SECTION

Corporation Name: _____
Corporation Officers/Partners/
Members: _____
Registered Agent: _____
Agent Address: _____
City: _____ State: _____ Zip Code: _____
Agent Phone: _____
Corporate Address: _____
City: _____ State: _____ Zip Code: _____
Phone One: _____ Phone Two: _____
Federal Tax ID # (EIN): _____

PUBLIC SAFETY INFORMATION

EMERGENCY INFORMATION

In the event of a police or fire emergency, the information you provide assists us in contacting you after hours. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building.

1ST CONTACT PERSON

*Name: _____
*Position: _____
*Address: _____
*City: _____
*State: _____
*Zip Code: _____
*After Hours Phone: _____
*After Hours Pager/Cell: _____

2ND CONTACT PERSON

Name: _____
Position: _____
Address: _____
City: _____
State: _____
Zip Code: _____
After Hours Phone: _____
After Hours Pager/Cell: _____

ALARM INFORMATION

*Do you have an alarm system
Installer Company: _____
Installer Phone: _____

Monitor Company: _____
Monitor Phone: _____