

# APPLICATION FOR LICENSE

CITY OF WAKONDA, COUNTY OF CLAY

STATE OF SOUTH DAKOTA

Application for license to engage in business of **Street Vendor of Food** located at Wakonda, South Dakota, for the period of 365 days from \_\_\_\_\_ to \_\_\_\_\_

**FEE: \$50.00/year**

New

Renewal

**Name of Business:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Dept of Health License No:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**SD State Tax No:** \_\_\_\_\_

**Location(s) where business is to be carried on:** \_\_\_\_\_

**Note: Locating on or adjacent to City parks or City property requires prior approval of the City Board of Trustees.**

For Finance Office Use Only:

Applicant is hereby approved: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

