CITY OF CUSTER CITY
622 CROOK STREET
CUSTER, SOUTH DAKOTA 57730

TEMPORARY BUSINESS AND TRANSIENT MERCHANT PERMIT

Contact Name: _____ Title: _____

Company: _____ Telephone _____

Mailing Address: _____ e-mail: _____

City: _____ State: _____ Zip: _____

Products/Services to be Sold: _____

_____

Application for: ____ Product Vendor ____Food Merchant ____ Service Vendor

Beginning: _____ Ending: _____

Location Where Vending
Property
Address _____
Describe how toilet facilities will be provide:

_____

_____

5.05.050 Application. *C. All transient merchants/temporary uses shall contain approved toilet facilities or shall have contracted with the owners of permanent toilet facilities within three hundred (300) feet for employee access to the facilities or access to temporary sanitation facilities approved by the public works director or designee.*

Property Owner: _____ Telephone: _____

South Dakota Sales Tax License Number: _____

South Dakota Dept. of Health License Number (If Applicable): _____

Certificate of Insurance-Company Name: _____ (Attach Copy)

I hereby agree that any falsification, misstatement, or omission, including those related to location and goods to be sold, shall result in immediate revocation of this license and forfeiture of the right to operate within the city limits of Custer City. It is further understood that payment of applicable state and city sales tax is made a provision of this license.

For City Use Only
Amount Received $_____

Receipt Number _____

Check _____ Credit Card_____ Cash _____

$25.00 For 3 Days **$100.00 For 12 Days**

_____ _____
Applicant Signature Date

_____ _____
Approved By Date

Revised 6-23-20