

City of Belle Fourche
Special Event Merchant Permit

Personal Information

Name of Organization: _____

Chair Person: _____
Street/Avenue City State Zip

Address or PO Box: _____
Street/Avenue City State Zip

Phone #'s: () - (Cell, Home, Business) () - (Cell, Home, Business)

Event Name: _____

Location of Event: _____
Street/Avenue City State Zip

Non Profit ID Number # _____

Business Entity Information

**Temporary Food Vendors/Peddlers must fill out the South Dakota Department of Health
Temporary Food Service Requirement Checklist and Applicant prior to obtaining this permit**

Business Entity Name: _____

Business Entity Address: _____
Street/Avenue City State Zip

Description of goods, wares, merchandise or services sold: _____

Type of Vendor _____

Dates Applicant wishes to engage in business within the city:
Start Date _____ to _____

Hours of Operation starting at ____:____ am/pm ending at ____:____ am/pm.

Applicant must supply a Surety Bond in the amount of \$1,000.

Bonding Company: _____

Address of Bond Company: _____

Bond Number: _____

List the last three Cities or towns where the applicant has worked before Belle Fourche.

1. _____
2. _____
3. _____

By filling this application I promise, swear and declare under the penalties of perjury that the statements made in this application are true and correct.

I have and understand the City of Belle Fourche Transient Merchant Ordinance:

Signature: _____ **Date:** _____

