

# Town of Toronto, South Dakota Vendor License Application

Federal Tax I.D. Number: \_\_\_\_\_ - \_\_\_\_\_

Legal Name of Dealer, Employer, Corporation or Owner:

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Trade Name (if different): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Type of Ownership: \_\_\_\_\_

Describe business activity that generates revenue. Specify the product manufactured and/or sold, or the type of service performed.

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I declare under penalty of perjury that this application has been examined by me and to the best of my knowledge and belief to be true, correct and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Preparer  
Other than Applicant \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_