

DEPARTMENT OF FINANCE & REVENUE
CITY OF ABERDEEN
123 SOUTH LINCOLN ST.
ABERDEEN, SD 57401 – 4215
(605) 626-7023

OFFICE USE ONLY:

Fee Paid _____
Receipt # _____ Year _____
New _____ Renew _____ Date Lic. Issued _____
Bond or Insurance No. _____
Bond/Ins. Effective Dates:
From _____ to _____
Approved by: (Please sign and date)
Department _____
City Council _____

APPLICATION FOR CITY LICENSE(S)

(Please check those which apply)

LICENSE VALID FROM JANUARY 1 THROUGH DECEMBER 31

PAWNBROKER (Application must be accompanied by surety bond of \$1,000.00)

Fee - \$100.00 per year

License No. _____

Name: _____
Last First Middle

Date of Birth: _____ Social Security No. _____

Business Name: _____ Phone No. _____

Business Address: _____

SHOOTING GALLERY (Application must be accompanied by liability insurance of \$1,000,000)

Fee - \$25.00 per year

License No. _____

Name _____
Last First Middle

Date of Birth: _____ Social Security No. _____

Business Name: _____ Phone No. _____

Business Address: _____

I agree that if this license is granted, I will conform to, and obey all the requirements of the law and Ordinances governing this type of business.

DATE _____ **SIGNATURE** _____