



City of
ABERDEEN

◆ FINANCE OFFICE ◆

Licensing & Compliance
123 South Lincoln Street
Aberdeen, SD 57401
(605) 626-7023

**LICENSE APPLICATION FOR A
TRANSPORTATION NETWORK COMPANY**

License is valid for 12 months from the date of issuance, unless sooner revoked, canceled, or otherwise terminated.
NON-REFUNDABLE ANNUAL FEE: **\$250.00**

License Valid Dates From _____ To _____

New Application Renewal License Number if renewing: _____

APPLICANT:

Name _____
Home Address _____
Home Phone _____
Cell Phone _____
Email Address _____

BUSINESS NAME (Under which the license will be exercised):

Business Name _____
Business Mailing Address _____
Business Phone _____
Type of Business _____

BUSINESS ENTITY:

Identify the type of Business Entity (i.e., sole proprietor, partnership, corporation, limited liability company, etc.): _____

List the names and addresses of each owner, partner, officer, or member (provide separate page if necessary):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

AGENT:

Name and contact information for an agent to be maintained for service of process in the State of South Dakota:

Name _____
Physical Address _____

Mailing Address if different from above _____
Phone _____ Cell Phone _____
Email Address _____

Description of the activity to be carried out under this license:

Previous Experience in the Business (New Applicants Only):

Proof of sales tax license (if applicable) MUST be attached to application for processing.

I, _____, as (title) _____, for
and on behalf of the above-named Applicant, hereby certify that the business identified in this Application
will be/is operated in compliance with all applicable requirements of the Aberdeen City Code, Chapter 58 –
Vehicles For Hire, and I have read and understand Aberdeen City Code, Sec. 58-100 - License required.

APPLICANT

Date: _____

By: _____

Its: _____
Title of Authorized Representative

CITY OF ABERDEEN OFFICE USE ONLY:

A fee of \$250.00 for the annual fee has been paid to the City of Aberdeen as recorded on:

Receipt # _____ License # _____ Date: _____

Date: _____

Finance Officer