



520 3<sup>rd</sup> St., Suite 230, Brookings, SD 57006  
 Phone: (605) 692-6281  
[www.cityofbrookings.org](http://www.cityofbrookings.org)

# License Application

## Transportation Network Company

### Applicant Information

Trade/Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last* *First* *Middle*

Business Address: \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Is the business a partnership, limited liability partnership or limited liability company? Yes / No

If yes, list the name and address of each partner or member:

Name	Street	City	State	ZIP Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the business a corporation? Yes / No

If yes, list the name and address of each officer:

Name	Street	City	State	ZIP Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Agent for service of process in State of South Dakota:

\_\_\_\_\_ *Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Description of activity to be carried on under this license:

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**Requirements for Transportation Network Company License**

- Application
- Fee: \$250
- Copy of SD State Sales Tax License.

**Signature**

By signing below, I, the applicant, hereby agree that should the license be granted, I will comply with all requirements of the ordinance in effect. (Municipal Code of Ordinances, Chapter 26)

Applicant's signature: \_\_\_\_\_ Date

**All licenses run from January 1<sup>st</sup> to December 31<sup>st</sup> of the current year.**

**License fee is not refundable. License is not transferable.**

**Return completed application to:**

City Clerk's Office, 520 3<sup>rd</sup> Street, Suite 230, Brookings, SD 57006  
Phone: (605) 692-6821  
Email: [bfoster@cityofbrookings.org](mailto:bfoster@cityofbrookings.org)

**To be processed by City Hall**

Fee: \$250 \_\_\_\_\_  
Paid by \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
Chief of Police \_\_\_\_\_ Date

\_\_\_\_\_  
City Clerk \_\_\_\_\_ Date