

# APPLICATION FOR LICENSE

CITY OF YANKTON, COUNTY OF YANKTON,  
STATE OF SOUTH DAKOTA

To the Honorable Mayor and Board of City Commissioners:

Application for license to engage in the business of **Adult Oriented Business** located at Yankton, South Dakota, for the period of one year from

January 1, \_\_\_\_\_ To: December 31, \_\_\_\_\_

FEE: **\$250.00/year**

Check one:

NEW

RENEWAL

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Attach certificate of liability insurance showing coverage limits no less than \$1 million per occurrence. *Signing this application certifies that you will keep your insurance active during the term of this license.*

Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By: (printed name & title) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please refer to the attached Municipal Code— Chapter 13. Article III. Division 10 Adult Oriented Businesses, Sec. 13-226 to Sec. 13-233. To see the City's Municipal code online go to [cityofyankton.org](http://cityofyankton.org) and select "Get Public Documents--Online Code of Ordinances."

**Instructions: File this application form along with the appropriate license fee, and proof of insurance, to the City Finance Officer, PO Box 176, Yankton, SD 57078.**

**Questions? Contact: [license@cityofyankton.org](mailto:license@cityofyankton.org)**

For Finance Office Use Only:

City Manager or designee approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Commission approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ License No. \_\_\_\_\_