



# CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701-5035

## Finance Office

300 Sixth Street  
Telephone: (605) 394-4143  
FAX: (605) 394-2232  
Web: [www.rcgov.org](http://www.rcgov.org)

### APPLICATION FOR A TRANSPORTATION NETWORK COMPANY LICENSE

License is valid for 12 months from the date of issuance, unless sooner revoked, canceled or otherwise terminated.

**NON-REFUNDABLE ANNUAL FEE: \$1,500.00**

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 \_\_\_\_\_

#### **PARTNERSHIP OR CORPORATION:**

IF THE BUSINESS IS A PARTNERSHIP OR CORPORATION, PLEASE LIST THE NAMES AND ADDRESSES OF EACH PARTNER OR OFFICER:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

#### **AGENT:**

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

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

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

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**Previous Experience in the Business (New Applicants Only)**

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

I, \_\_\_\_\_, hereby certify that the business listed above is operated in compliance with all applicable requirements of the Rapid City Municipal Code, Chapter 5.60 Transportation Services, Article IV. Transportation Network Company Business License and I have read and understand RCMC 5.60.220 Regulation for TNC Licensees and I agree to provide the required information to the City Finance Officer on a monthly basis.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**TO BE COMPLETED BY CITY OF RAPID CITY**

A fee of \$1500.00 annual fee has been paid to the City of Rapid City as recorded on:  
Receipt/License # \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Finance Officer, Pauline Sumption Date: \_\_\_\_\_