City Use
Date Received:

Remit to:
City Administration
City Hall
25 Center St.
Vermillion, SD 57069
605-677-7050

City of Vermillion

Application for Amateur Boxing, Kickboxing, or Mixed Marital Arts Events Permit

Special Event Name: _____

Special Event Location: _____
Date: _____ Time: _____

Special Event Contact Person:
Name: _____
Address: _____
Phone Numbers: Home#: _____ Work#: _____ Cell#: _____
Recognized as a special event by: City: _____ VCDC: _____

Vendors Name: _____
Vendors Address: _____
Vendors Phone Numbers: Home#: _____ Work#: _____ Cell#: _____
South Dakota Sales Tax ID Number #: _____
Company Federal ID Number: _____
Sale dates, if shorter than special event date(s): _____

Vendors Name: _____
Vendors Address: _____
Vendors Phone Numbers: Home#: _____ Work#: _____ Cell#: _____
South Dakota Sales Tax ID Number #: _____
Company Federal ID Number: _____
Sale dates, if shorter than special event date(s): _____

Vendors Name: _____
Vendors Address: _____
Vendors Phone Numbers: Home#: _____ Work#: _____ Cell#: _____
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Vendors Name: _____
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Vendors Phone Numbers: Home#: _____ Work#: _____ Cell#: _____
South Dakota Sales Tax ID Number #: _____
Company Federal ID Number: _____
Sale dates, if shorter than special event date(s): _____

The facts set forth above in my application for Registration Permit for Amateur Boxing, Kickboxing, or Mixed Martial Arts are true and complete. I understand any false statement and/or omissions shall be considered sufficient cause for denial and/or revocation. To the fullest extent permitted by laws and regulations, Applicant shall indemnify and hold harmless the City of Vermillion and its officers, employees, direct, indirect or consequential (including but no limited to fess and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance under this registration permit. A statement from the primary representative certifying that all vendors listed under the Special Event Permit:

a) Are at least 16 years of age or supervised by an adult.
b) Have not had an Amateur Boxing, Kickboxing, or Mixed Martial Arts permit previously revoked for one of the following:

   i. Any fraud, misrepresentation, or false statement contained in the application for a permit.
   ii. Any fraud, misrepresentation, or false statement made in connection with the selling of goods, wares, or merchandise.
   iii. Any violation of this chapter and its stipulations contained within.
   iv. Conducting the business permitted under this chapter in an unlawful manner or in such a manner as to threaten the health, safety, or general welfare of the public.

The Applicant is entirely and solely responsible for all acts while engaged in the operation of vending within the City of Vermillion.

You should not, in any way, interpret this registration permit to mean that the City of Vermillion, or any department, officer or employee thereof, endorses the applicant, the company, or the product being sold.

_____ _____
Date Signature of Applicant for Special Event Permit

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_____
Chief of Police

PAID **REGISTRATION PERMIT FEE**

_____ Daily $50.00 for up to 10 vendors in a single calendar day, plus $25.00 for each additional day.

_____ $100.00 for 10 or more vendors in a single calendar day, plus $25.00 for each additional day.

Registration Permit No. _____ _____
City Finance Officer