CITY OF
SIOUX FALLS
HEALTH DEPARTMENT

Pest Control Agency—Permit Application

Annual Fee—$24

Establishment Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Manager's Name: _____

Billing Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Fee Amount Remitted: $ _____ Date Paid: _____

Signature of Applicant: _____

Liability insurance has been furnished as follows: _____

Make checks payable to: City of Sioux Falls

Submit payment to: Sioux Falls Health Department
521 North Main Avenue, Suite 203
Sioux Falls, SD 57104-5963

Office Use Only

Clerk: _____

Date: _____

Total remitted: $_____

Receipt No.: _____