

South Dakota Secretary of State Application Request One-Time Use of the State Seal

Pursuant to SDCL 1-6-3.1, the Secretary of State has been granted the authority to authorize the use of the Great Seal of the State of South Dakota for for-profit, commercial purposes. This authorization must be applied for by completing this form, complying with its provisions, and signing it.

Any person using the Great Seal for the above mentioned purposes without stated authorization is guilty of a Class 1 Misdemeanor.

This application form must be completed for each product proposing to use the Great Seal of the State of South Dakota. The application is for a one-time use of the State Seal and, if approved, is good for one (1) year from the date of approval.

A copy of this form will be returned to the applicant, whether the application is approved or denied.

Ple	ase return this completed form and	d all requested materials to the Secretary of	of State, 500 East Capitol Avenue, Pierre, SE	57501.	
	Initial Request Fee: \$500	Renewal Fee: \$50			
1.	Applicant Name				
2.					
3.			Zip Code		
4.	Home telephone number				
5.	Business Name				
6.	Address				
7.	City	State	Zip Code		
8.	Business telephone number				
9.		Single OwnerPartnership	·		
10.	If corporation or LLC was checked				
	State of Formation				
	Date of Formation				
	If state other than South Dakota, show date of registration with South Dakota's Secretary of State:				
11.	If partnership or corporation was checked, please list the principle officers or partners below:				
	NAME	TITLE	ADDRESS		
12.	Manufacturer's Name (if different	from #5)			
	Address				
	City	State	Zip Code		

13. Do you currently have or have you had a sales and use tax license in South Dakota? ____ Yes, # _____

14.	. Please briefly describe the product below and enclose a photograph(s) that clearly shows the use of the Great Seal on the product and the product as a whole. (The photograph(s) will be retained on file at the Bureau of Administration.)					
15.	Please indicate your marketing plans below:					
	a) Quantity to be produced annually:					
	c) How long will the product be available in South Dakota?					
	d)	Product pricing: Product	ion price			
	e)	Wholesale Price	Retail Price			
16.			money order, or personal check in the amount of \$500 for an initial request or \$50 for a e Secretary of State, along with this form.			
17.	Ple	ease read this statement c	arefully and sign below:			
OF SO ALS	OW SC HTU OO THO	LEDGE AND BELIEF. I U DUTH DAKOTA FOR FO H DAKOTA SECRETARY UNDERSTAND AND ACH DRIZATION IS VIOLATE	EINFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY NDERSTAND AND ACKNOWLEDGE THAT USING THE GREAT SEAL OF THE STATION-PROFIT, COMMERCIAL PURPOSES WITHOUT AUTHORIZATION FROM THIS OF STATE IS A VIOLATION OF SDCL 1-6-3.1 AND A CLASS 1 MISDEMEANOR. KNOWLEDGE THAT IF AUTHORIZATION IS GRANTED FOR SUCH A USE AND THIS DEPOY. IMMEDIATE REVOCATION OF THE AUTHORIZATION WILL OCCUR AND A VILL HAVE BEEN COMMITTED.			
		Date	Signature			
			Title			
			APPLICATION STATUS			
		Approved				
This	s au	uthorization is valid for one	e (1) year from the approval date. An application for renewal must be completed 30 days			
prio	r to	the expiration of the author	orization period.			
Dat	e of	f Approval				
Sec	reta	ary of State Signature:				
		Denied				
Aut			Great Seal of the State of South Dakota is denied for this product.			
		f Denial	·			
	1301	THO Dellial				
Sec	reta	ary of State Signature:				