

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF INSURANCE – SECURITIES REGULATION

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501
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SOUTH DAKOTA FRANCHISE NOTICE FILING APPLICATION

1. Notice filing (check only one): Initial notice filing _____ Renewal notice filing _____
2. Legal name of Franchisor: _____ File No. _____
3. Name under which the franchise is doing business: _____
4. Franchisor's principal business address:

5. The states in which the franchisor has filed or will shortly file.

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of _____, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed on _____, _____, 20_____

Franchisor: _____

Name: _____

Name: _____

Title: _____