

Application for Residential Building Contractor's License

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Company Information

Name of company as it is to appear on license (Individual name if no company name is used.) The name appearing on your bond and insurance certificate must match the business name designated here:

Name of Company _____

Physical Business Address other than P.O. Box _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Local Work or Cell Phone Number _____

Owner's Name _____

Owner's Home Address _____

City _____ State _____ Zip _____

Name of Partners _____

Name of Designated Construction Supervisor (person who tested) _____

Designated Construction Supervisor's Address _____

City _____ State _____ Zip _____

Birth Date of Designated Construction Supervisor _____

Names and Titles of Corporate Officers _____

South Dakota Contractor's Excise Tax No. _____

Email Address _____

Oath/Signature

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.

Applicant's Signature

Date

Space below reserved for office use

Receipt Number _____ Fee \$ _____ List Verified _____

Bond Expires _____ Insurance Expires _____

Assigned License Number _____ Date License Mailed _____

FAX APPLICATIONS

(This section to be completed for application by fax only)

Charge to MasterCard Visa

Card Number # _____

Expiration Date _____ Three- or four-digit security code that is printed on the
backside of the credit card _____

Cardholder's Name (Print name as it appears on card)

Authorized Signature

Date

Fax Number (605) 367-8737