City of Sioux Falls Planning and Building Services Authorization Form

Past Company Name _____ Date _____

Past Address _____

☐ **Change of Phone Number**
Please change our business phone number to: _____

☐ **Change of Address**
Please change our business address to: _____

_____

Please change our mailing address to: _____

_____

☐ **Change of Business Name**
Please change our company name to: _____
(Print clearly the name as it is to appear on license)

☐ **Change of Owners' Names (Partnerships)**
Please add/remove (Name) _____
as owner/partner of (Business Name) _____
I/we understand that I/we are responsible for making the necessary changes to our bond and general liability insurance policy. All partners listed on license must sign this authorization form.

☐ **Change of Name**
Resident Agent to: _____
Designated Construction Supervisor or Master to _____
(must currently hold an active or inactive license) Please print name clearly

☐ **Change of Excise Tax Number** _____

Signatures

I/we authorize you to make the above change(s) to our license information.

_____	_____	_____
Please print name clearly	Signature	Date
_____	_____	_____
Please print name clearly	Signature	Date

Please sign, date, and return to: Building Services, Attention: Tonya, 224 West Ninth Street, P.O. Box 7402, Sioux Falls, SD 57117-7402 or fax to 605-367-8737. If you have any questions, please call 605-367-8672.