

**Application Instructions for
Class I Maintenance License
City of Sioux Falls**

General

Applications cannot be processed until all documents and fees have been submitted. Application processing takes approximately two weeks.

License Application

Form must be fully completed, signed, and dated by the applicant.

Fees

\$100.00	New, prorated (August 1, 2007–July 31, 2008)
\$200.00	New (August 1, 2008–July 31, 2009)
\$100.00	New, prorated (August 1, 2009–July 31, 2010)

Make checks payable to the City of Sioux Falls.

Expiration

All licenses expire biennially beginning on July 31, 1994.

Mail To

Building Services
Attention: Tonya
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672

Application for Class I Maintenance 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.					
Mailing address			City		
State	Zip	Phone Number			
List all business addresses where license will be exercised					
<input type="checkbox"/>	Owner's name	Home Address	City	State	Zip
<input type="checkbox"/>	Name of partners				
<input type="checkbox"/>	Names and titles of corporate officers				
Email Address					

Licensed Contractor Information

Full Name	Social Security Number	Date of Birth
Home Address	City	
State	Zip	Home Phone Number

Maintenance Electrician's Information

Full Name	South Dakota License Number	Sioux Falls License Number
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Oath/Signatures

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.	
Signature and Title of Company Officer	Date
Signature of Electrical Contractor	Date

Space below reserved for office use

Receipt Number _____	Fee \$ _____
Assigned License Number _____	List Verified _____
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