

**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**

|          |  |
|----------|--|
| \$200.00 | New (August 1, 2008–July 31, 2009)           |
| \$100.00 | New, prorated (August 1, 2009–July 31, 2010) |
| \$200.00 | New (August 1, 2010–July 31, 2011)           |
| \$100.00 | New, prorated (August 1, 2011–July 31, 2012) |

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.sioxford.org/building](http://www.sioxford.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 \_\_\_\_\_ Email Address \_\_\_\_\_

List all Business Addresses where License will be Exercised \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Partners \_\_\_\_\_

Names and Titles of Corporate Officers \_\_\_\_\_

## Licensed Contractor Information

Sioux Falls Electrical Contractor's License Business Name \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

## Maintenance Electrician's Information

Full Name \_\_\_\_\_ SD License No. \_\_\_\_\_ Sioux Falls License No. \_\_\_\_\_

## 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**