

**Application Instructions for
Class II 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 II 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 _____ Email Address _____

List all Business Addresses where License will be Exercised _____

Owner's Name _____

Owner's Address _____

Name of Partners _____

Names and Titles of Corporate Officers _____

Licensed Journeyman Information

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____ Home Phone Number _____

South Dakota License Number _____ Sioux Falls License Number _____

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 Journeyman Electrician

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