

**Application Instructions for
Mechanical Contractor's License
City of Sioux Falls**

General

Applications cannot be processed until examination has been taken, passed, and all documents have been received and the fee submitted. License processing takes approximately two weeks. If you use a company name, all forms must be completed or issued in the company name. Example:

If an individual—John Doe d.b.a. Doe Heating and Air Conditioning

If a partnership—John Doe and Joan Doe d.b.a. J & J Heating & Air Conditioning

If a corporation—Doe Heating & Air Conditioning, Inc.

License Application

This form must be fully completed, signed, and dated by the owner or officer of the company.

Bond—\$10,000

We must have the signed original of your bond. Your bond must be written for the type of contractor license that you indicated on the front page.

The bond is to cover the faithful observance of the City's Ordinances regulating mechanical work.

It is your responsibility to ensure all renewal certificates are forwarded to this office.

Fees

\$200 New (January 1—December 31, 2008)

\$100 New, prorated (January 1—December 31, 2009)

\$200 New (January 1—December 31, 2010)

Make check or money order payable to the City of Sioux Falls.

Expiration

All licenses expire biennially beginning on December 31, 1995.

Mail To

Building Services

Attention: Tonya

224 West Ninth Street

P.O. Box 7402

Sioux Falls, SD 57117-7402

(605) 367-8672

Application for Contractor's License

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Designate the appropriate license for which you are applying

Mechanical Contractor

Refrigeration Contractor

Fireplace Contractor

Company Information

| | | | | | |
|---|--------------|--------------|-------------------------|-----|--|
| Name of company as it is to appear on license (Individual name if no company name is used.) | | | | | |
| Physical business address other than PO Box | | | | | |
| Mailing address | | | City | | |
| State | Zip | Phone Number | Local Work Phone Number | | |
| <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 | | | | | |
| <input type="checkbox"/> Name of Master Mechanic (required for mechanical contractor only) | | | | | |
| Home Address | | City | State | Zip | |
| Date of Birth | | | | | |
| South Dakota Contractor's Excise Tax Number and name as it appears on license | | | | | |
| 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 _____ | List Verified _____ |
| Fee \$ _____ | Bond Expiration Date _____ |
| 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