

**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)

\$100 New, prorated (January 1—December 31, 2011)

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 P.O. Box _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Local Work/Cell Phone Number _____

Owner's Name _____

Owner's Home Address _____

City _____ State _____ Zip _____

Name of Partners _____

Names and Titles of Corporate Officers _____

Name of Master Mechanic _____
(Required for mechanical contractor only.)

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Email Address _____

SD Contractor's Excise Tax No. and Name as it appears on License _____

Oath/Signatures

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