

**Application Instructions for  
Master Plumber'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 Plumbing & Heating

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

If a corporation—Doe Plumbing & Heating, Inc.

**License Application**

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

**Bond—\$10,000**

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

**We need the signed original of your bond.** The bond must state you are a master plumber.

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

**Fees**

**\$100.00      New, prorated (January 1–December 31, 2007)**

**\$200.00      New (January 1–December 31, 2008)**

**\$100.00      New, prorated (January 1–December 31, 2009)**

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 Master Plumber's License

Website: [www.sioxfalls.org/building](http://www.sioxfalls.org/building)

Please print or type the following information

Name of plumbing contractor's company, as it is to appear on license (Individual name only if no company name is used.)

Physical address other than P.O. Box

Mailing address

Individual

Date of Birth \_\_\_\_\_

Owner's name \_\_\_\_\_

Partnership

Names of partners  
\_\_\_\_\_  
\_\_\_\_\_

Corporation

Names and titles of corporate officers  
\_\_\_\_\_  
\_\_\_\_\_

State Plumbing Commission Registration Number \_\_\_\_\_

Contractor's Excise Tax Number \_\_\_\_\_

Name of resident agent

Name of master plumber

Home address

Home address

Email address

## Oath/Signature

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.

Applicants signature and title (President, owner, partner)

Mailing address

City, State, Zip

Date

Business telephone

## Space below reserved for office use

Receipt Number \_\_\_\_\_ Fee \$ \_\_\_\_\_ List Verified \_\_\_\_\_

Bond expiration date \_\_\_\_\_

Assigned License No. \_\_\_\_\_ 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**