

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

General

Applications cannot be processed until 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 Landscape Irrigation

If a partnership—John Doe and Joan Doe d.b.a. J & J Landscape Irrigation

If a corporation—Doe Landscape Irrigation, 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 landscape irrigation work and must state that you are a **landscape irrigation contractor**. **We need the signed original of your bond.**

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

Fees

\$200.00	New (January 1–December 31, 2008)
\$100.00	New, prorated (January 1–December 31, 2009)
\$200.00	New (January 1–December 31, 2010)
\$100.00	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, 2005.

Mail To

Building Services
Attention: Tonya
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672

Application for Landscape Irrigation Contractor's License

Website: www.siouxfalls.org/building

Please print or type the following information

Name of Landscape Irrigation 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 _____

Contractor's Excise Tax Number _____

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 and title (President, owner, partner) _____ Date _____

Mailing Address _____

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