

# Application for Residential Building Contractor's License

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

This application must be typewritten or printed in ink. In order to process this license application, **it must be submitted with the required original signed bond, certificate of liability insurance, and license fee.** Please see the information sheet for application instructions.

## Company Information

**Name of company as it is to appear on license (individual name if no company name is used).** The name appearing on your bond and insurance certificate must match the business name designated here:

Name of Company \_\_\_\_\_

This company is a:  Corporation  LLC  Sole Proprietor

Physical Business Address (other than P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name of Designated Construction Supervisor** (person who tested) \_\_\_\_\_

**Designated Construction Supervisor's Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birth Date of Designated Construction Supervisor** \_\_\_\_\_

Names and Titles of Corporate Officers \_\_\_\_\_

Name of Partners \_\_\_\_\_

South Dakota Contractor's Excise Tax No. \_\_\_\_\_

Email Address \_\_\_\_\_

As the license holder, I am including with this application:

- The signed original bond document.
- The document called the "certificate of liability insurance."
- The license fee.

Please refer to the "information sheet" for detailed instructions.

## 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 \_\_\_\_\_

Fee \$ \_\_\_\_\_

Bond Expires \_\_\_\_\_

Insurance Expires \_\_\_\_\_

Assigned License Number \_\_\_\_\_

Date License Mailed \_\_\_\_\_