

Application for Building Contractor's License

City of Sioux Falls
Website: siouxfalls.gov/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.

☐ Residential Building Contractor

☐ Roofing and Repair Contractor

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 _____

Name of Designated License Holder* (person who tested) _____

*The license holder must be an owner, partner, or W2 employee of the company

Designated License Holder's Address _____

City _____ **State** _____ **Zip** _____

Owner's Name _____ Phone Number _____

Owner's Address _____

City _____ State _____ Zip _____

Names and Titles of Corporate Officers _____

Name of Partners _____

South Dakota Contractor's Excise Tax No. _____ - _____ - ET (Not EIN number)

Primary Email Address _____

Secondary 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.

- ☐ Please mail the original license. (The license will be sent via email. Check here if you would also like a mailed copy.)

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 _____