CONTRACTOR'S LICENSE APPLICATION

CITY OF DEADWOOD
67 Dunlop Avenue
Deadwood, SD 57732
Tel: (605) 578-3082 Fax: (605) 578-3101

January 1, 20_____ to December 31, 20_____

License Fee: New License: $75.00 License Renewal (before February 15): $50.00

Applicant Name:_____
(Please Print)

Business Name:_____

Address:_____

E-mail Address:_____

Telephone: _(_____)_____ Fax: __(_____)_____

Nature of Business: _____

PLEASE NOTE:
A CERTIFICATE OF INSURANCE MUST BE FURNISHED TO THIS OFFICE BEFORE LICENSE IS ISSUED.

INSURANCE CARRIER: _____
Name

_____
STREET/PO BOX CITY STATE ZIP

INSURANCE PHONE: (_____)_____

DO YOU CARRY WORKERS' COMP. INSURANCE? YES NO
Please Circle One

STATE EXCISE TAX NUMBER: _____

FEDERAL TAX ID #: _____ and/or Soc Sec ID# _____

OFFICE USE ONLY

License Fee Paid: _____ License Number: _____

License Issued: _____ Initials: _____