

## **CONTRACTOR'S LICENSE APPLICATION**

108 Sherman Street, Deadwood, SD 57732 E-mail: permitsandlicensing@cityofdeadwood.com

Fax: (605) 578-2084 Tel: (605) 578-3082

All Contractor's Licenses expire on Dec  $31^{st}$  of the year issued  $\,$  -- 2024

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License Fee:	<b>NEW</b> License: \$100.00	License <b>RENEWAL</b> (before February 15): \$75.00
Business Name:		
Applicant Name:		
Mailing Address:		
City, State, Zip:		
E-mail Address:		
Telephone: ()_		Fax: ()
Nature of Business:		General $\square$ Electrical $\square$ Plumbing $\square$ Flooring $\square$
Mechanical ☐ Paint	ing □ Sign □ Plumbir	g/Mechanical $\square$ Specialty $\square$ :
A CERTIFICATE OF INSU	JRANCE naming the City of Dead	ASE NOTE: dwood as a certificate holder AND your SD STATE EXCISE TAX # is office BEFORE LICENSE ISSUED.
Insurance Carrier:		
Phone Number:	Col	ntact Name:
DO YOU CARRY WORKE	RS' COMP. INSURANCE: Y   Please Che	N □ SD STATE EXCISE TAX #:
A CONTRACTO	DR'S LICENSE IS REQU	IRED BEFORE ANY WORK IS AUTHORIZED
	•	es the contractor to have workers' comp insurance IT OF EXEMPT STATUS must be submitted
	OFFIC	E USE ONLY
License Fo	ee Paid: \$	License Number:
Foo Daid	200	Licence Issued: