

## **CONTRACTOR'S LICENSE APPLICATION**

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All Contra	ictor's Licenses expire on D	ec 31 <sup>st</sup> of the year issued $-2$	2023
License Fee:	<b>NEW</b> License: \$100.00	License <b>RENEWAL</b> (before	e February 15): \$75.00
Business Name:			
Applicant Name:			
Mailing Address:			
City, State, Zip:			
E-mail Address:			
Telephone: ()	L	Fax: ()	
Nature of Business:		General 🗌 Electrical 🗌	Plumbing $\Box$ Flooring $\Box$
Mechanical 🗌 🛛 Pai	nting 🗆 Sign 🗆 Plumb	ing/Mechanical 🗌 Specialty	□:
A CERTIFICATE OF IN	SURANCE naming the City of De	LEASE NOTE: adwood as a certificate holder ANE this office <u>BEFORE LICENSE ISSUED</u> .	•
Insurance Carrier:			
Phone Number:	c	ontact Name:	
DO YOU CARRY WOR		□ N □ SD STATE EXCISE TAX #:	REQUIRED
A CONTRACT	OR'S LICENSE IS REQ	UIRED BEFORE ANY WO	RK IS AUTHORIZED
		ires the contractor to have wo VIT OF EXEMPT STATUS must	-

## **OFFICE USE ONLY**

 License Fee Paid: \$\_\_\_\_\_
 License Number: \_\_\_\_\_

 Fee Paid By: \_\_\_\_\_
 License Issued: \_\_\_\_\_