

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

Business Name: _____
(Please Print)

Applicant Name: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Telephone: _(____)_____ Fax: (____)_____

Nature of Business: _____ General Electrical Plumbing Flooring
Mechanical Painting Sign Plumbing/Mechanical Specialty : _____

PLEASE NOTE:

A CERTIFICATE OF INSURANCE NAMING THE CITY OF DEADWOOD AS A CERTIFICATE HOLDER MUST BE FURNISHED TO THIS OFFICE BEFORE LICENSE IS ISSUED. THE CITY OF DEADWOOD REQUIRES \$1,000,000 EACH OCCURRENCE OF LIABILITY INSURANCE.

INSURANCE CARRIER: _____
Name

INSURANCE PHONE: (____) _____ CONTACT: _____

DO YOU CARRY WORKERS' COMP. INSURANCE? YES NO

Please Circle One

STATE EXCISE TAX #: _____ FEDERAL TAX ID #: _____
Required

OFFICE USE ONLY

License Fee Paid: _____ License Number: _____

License Issued: _____ Initials: _____