

CITY CONTRACTOR LICENSE

DATE: _____ CITY LIC. # _____ LICENSE FEE:

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This license shall exist for the period of 12 months in accordance with the City Ordinance governing the same, for the purpose of _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ SD EXCISE TAX# _____

SD PLUMBING LIC. # _____ SD ELECTRICAL LIC.# _____

INSURANCE AGENCY: _____

INSURANCE EXPIRATION DATE: _____ CARRIER PHONE # _____

Signature of License Holder

Print Name of License Holder

This license shall expire on the _____ day of _____ and is not transferable.

This license has been approved and accepted by the City Building Department.

Sherry Mowell, Zoning/Building Assistant