



CONTRACTOR'S LICENSE RENEWAL APPLICATION

Company: _____

Name: _____

Address: _____

License #: _____

Email: _____

Phone/Cell: _____

Check the license(s) to be renewed

- Class A-2 Contractor
- Class A Contractor
- Class B Contractor
- Class C Contractor
- Class TC Contractor

Required Information

- South Dakota Excise Tax License
- Certificate of Liability Insurance
- Workers Compensation Insurance if applicable
- Workers Compensation Non-Participation Statement
(See Attached)

**LICENSE FEE: See current year City Wide Fee Resolution
(Single payment for multiple licenses is acceptable)**

Amount Enclosed: \$ _____

(R 101-32040)

The undersigned applicant for license renewal agrees to the terms and conditions set forth in the original license application and city ordinances designating such. **For all classes of licenses, if the license is not renewed prior to the expiration date and the contractor has a job in progress, the renewal fee will be increased by a factor of two.**

Applicant's signature

Date

Date of Issuance

License Expiration Date

Approved By

NOTES: _____

