



TRENCHING CONTRACTOR LICENSE APPLICATION

Company Name: _____ Business Phone: _____

Name of Owner: _____ Home Phone: _____

Business Address: _____ Cell Phone: _____

City/State/Zip: _____

Excise Tax License Tax Number: _____

General Liability Policy Number: _____ (Copy Required)

Worker's Comp Policy Number: _____ (Copy Required)

Surety Bond # _____ issued by: _____ (Copy Required)

The above listed contractor does hereby agree to act in accordance with Title IX Chapter 94 of the Revised Ordinances of the City of Hot Springs, South Dakota, for the purpose of trenching or excavating in public right-of-ways within the corporate boundaries of the City of Hot Springs, South Dakota. No trenching contractor license nor excavation permit shall be issued until the contractor has filed with the City Building Inspector the following:

Section 94.17:

A. A surety bond in the sum of one thousand dollars (\$1,000.00) for faithful performance of all duties required by the City of Hot Springs and for repayment to the City for all damages done growing out of carelessness or negligence of the contractor.

B. A certificate of insurance showing that the applicant has in effect a statutory worker's compensation insurance policy, including employer's liability coverage in the amount of \$100,000.00 and a liability policy providing coverage for owned or non-owned vehicles with limits of not less than \$300,000.00 bodily injury for any one individual, and \$300,000.00 for each occurrence, and \$100,000.00 for injury or destruction of the property of others. Such certificate shall contain a statement to the effect that the policy cannot be canceled or substantially altered without ten (10) days prior written noticed to the City of Hot Springs. Provided, however, the City Council of the City of Hot Springs, South Dakota may waive or modify said worker's compensation insurance requirement under circumstances and conditions as the Council may deem appropriate.

This license expires on December 31st, 20____.

LICENSE FEE: See current year City Wide Fee Resolution

Contractor's Signature _____

Date: _____