



City of Whitewood

1025 Meade St.
Whitewood, SD 57793
605-269-2247

CONTRACTOR'S LICENSE

City License #: _____

License Fee: **\$25.00**

This license shall exist from the Date issued thru the end of the current calendar year in accordance with city ordinance 150.22.

LICENSE TYPE: _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ CELL: _____

SD EXCISE TAX #: _____ (All contractors' working in SD are required to have a contractors' excise tax permit. SDCL: 10-46B.)

SD PLUMBING LICENSE #: _____ SD ELECTRICAL LICENSE #: _____

**** INSURANCE REQUIREMENTS:**

City of Whitewood requires \$1,000,000.00 each occurrence liability insurance and \$2,000,000.00 general aggregate insurance. Have your insurance company send the city a Certificate of Insurance showing the above limits and naming the City of Whitewood as a Certificate Holder.

Print Name of License Holder: _____

Signature of License Holder: _____ Date: _____

FOR CITY USE ONLY:

City Finance Officer: _____ Date: _____