



1025 MEADE ST • 605-269-2247

# CITY OF WHITEWOOD CONTRACTOR LICENSE

LICENSE FEE \$25.00

LICENSE # \_\_\_\_\_

THIS LICENSE SHALL EXIST FROM THE DATE ISSUED THRU THE END OF THE CURRENT YEAR IN ACCORDANCE WITH CITY ORDINANCE 150.22

BUSINESS NAME: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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 EACH OCCURANCE LIABILITY INSURANCE AND \$2,000,0000 GENERAL AGGREGATE INSURANCE. HAVE YOUR INSURANCE COMPANY SEND THE CITY A CERTIFICATE OF INSURANCE SHOWING THE ABOVE LIMITS AND NAMING CITY OF WHITEWOOD AS A CERTIFICATE HOLDER.

**CERTIFICATE CAN BE EMAILED TO [CORY@CITYOFWHITEWOOD.COM](mailto:CORY@CITYOFWHITEWOOD.COM)**

PRINTED NAME OF LICENSE HOLDER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: APPROVED BY: \_\_\_\_\_ PAID: \_\_\_\_\_ DATE: \_\_\_\_\_