



# SIGN CONTRACTOR LICENSE ANNUAL APPLICATION

City of North Sioux City  
504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276 Fax (605) 232-0506

This form must be fully completed, signed and dated by the Owner, Manager or Officer of the Company. Every applicant shall file with the City a Bond in the amount of \$10,000. This bond shall be kept in force and effect for a period of one year after cancellation or termination of this license.

## LICENSE

INITIAL FEE: \$300 RENEWAL FEE: \$150 NEW  RENEWAL  TRANSFER

## COMPANY INFORMATION

START DATE IN NORTH SIOUX: \_\_\_\_\_ SD SALES TAX NO: \_\_\_\_\_ FEIN: \_\_\_\_\_

BUSINESS TYPE: \_\_\_ Sole Proprietor \_\_\_ Corporation \_\_\_ Partnership \_\_\_ LLC

BUSINESS NAME/DBA: \_\_\_\_\_

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

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

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

## OWNER INFORMATION

OWNER NAME: \_\_\_\_\_

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

DAY PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

CONTACT NAME (IF DIFFERENT THAN OWNER): \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

## APPLICANT'S INFORMATION (IF DIFFERENT)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I \_\_\_\_\_ (print name), hereby declare that any statements herein are true and complete, with the same affect as though given under oath. The undersigned further certifies that the Business Management and Owner will be at all times in compliance with all City ordinances, specifically Chapter 17.72.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ PAYMENT CHECK NO.: \_\_\_\_\_ CASH RECEIPT NO.: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ INSURANCE BOND RECEIVED:  YES  NO