



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