

Meade County Contractor License Application

1300 Sherman St, Sturgis, SD 57785, 605-347-3818, fax 605-347-6830

APPLICATION FEE MUST ACCOMPANY THIS FORM

Original License

Renewal

Applicant Information

Applicant Name: _____	Email Address: _____
Driver's License No. _____	Date of Birth _____
Home Address: _____	
Home Phone No. _____ / _____ / _____	Cell Phone No. _____ / _____ / _____

Business Information

Name of Business: _____
Address of Business: _____
Mailing Address: _____
<u>Type of Contractor</u> (Check all that applies)
<input type="checkbox"/> Builder/General <input type="checkbox"/> Wastewater <input type="checkbox"/> Concrete <input type="checkbox"/> Excavator <input type="checkbox"/> Roofing <input type="checkbox"/> HVAC
<input type="checkbox"/> Other: _____
Meade County License No. _____ (if applicable)
Name of person charged with the responsibility for compliance with all codes and Meade County ordinances: _____
Type of Business for which application is being made:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Corporation must be registered with the State)
Has a contractor's license, issued to you by another jurisdiction been revoked or suspended at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance and Tax Information (Must provide Proof of Insurance)

General Liability Policy No. _____	Expiration Date: _____
Workman's Comp. Policy No. _____	Expiration Date: _____
SD State Excise Tax No. _____	

The applicant hereby agrees and affirms that all the information given is true and correct; the applicant also agrees to comply with the adopted IBC and IRC (Building Codes), Ordinance No. 34, all other applicable Meade Co. ordinances and to keep required insurance policies current during the duration of their license.

Applicant (Contractor) Signature and date

CONTRACTOR EXPERIENCE FORM

Company Identification

Applicants Name: _____	Position held: _____
Company Name: _____	Telephone No.: _____
Mailing Address: _____	Cell Phone No.: _____
City: _____	Email: _____
State: _____	
Zip Code: _____	

Form of Business

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	No. of Employees: _____
-------------------------------------	--------------------------------------	--------------------------------------	-------------------------

Business Experience

How many years has your company been in business under your present name? _____
Under Current Management Since (Date): _____
Describe nature of work your company specializes in:
<input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____
Are any of the above services normally perform subcontracted to others? <input type="checkbox"/> YES <input type="checkbox"/> NO
What services: _____

Company Work History

Projects completed in the past 3 years that may be contacted for reference: (Provide at least 2)	
Customer Name: _____	Customer Name: _____
Address & Phone No.: _____	Address & Phone No.: _____
_____	_____
Type of Work: _____	Type of Work: _____
Customer Name: _____	Customer Name: _____
Address & Phone No.: _____	Address & Phone No.: _____
_____	_____
Type of Work: _____	Type of Work: _____

Do you have a working knowledge with the current version of International residential Code? _____

Do you have a working knowledge with the current version of International Building Code? _____

Do you have a working knowledge with Meade County's Ordinance 34 for Construction? _____

Applicants Signature: _____ Date Signed: _____