

CONTRACTOR'S LICENSE RENEWAL APPLICATION

CITY OF CUSTER
622 Crook Street
Custer, SD. 57730
Phone 673-4824 * Fax 673-2411 * e-mail: scotts@cityofcuster.com



Please note any address, e-mail, or phone number corrections or additions below:

Name: _____ Contractor License No. _____
Address: _____ e-mail: _____
_____ phone: _____

Required Information:

[] South Dakota Excise Tax License Number: _____ Required (if changed or not on file) _____
[] Liability Insurance Certificate of Insurance: _____ Required (fax or e-mail) _____
[] Workers Compensation Insurance: _____ Required for Employees _____

Check the license(s) to be renewed below:

[] Class 'A' Contractor: \$100.00
[] Class 'B' Contractor: \$50.00
[] Class 'C' Contractor: \$25.00

Amount enclosed: \$ _____

The undersigned applicant for license renewal agrees to the terms and conditions set forth in the original license application.

X _____ Date
Applicant's signature

_____ **December 31, 2016** _____
Date of Issuance License Expiration Date Approved by:

Note: The List of License Contractors is available via mail, e-mail, and fax.
Hard copies are available at City Hall for the cost of 20 cents per page.

City of
CUSTER
South Dakota
622 Crook Street
605-673-4824

WORKER'S COMPENSATION STATEMENT OF NON-PARTICIPATION

South Dakota State Law does not require a proprietorship or partnership to participate in the State Worker's Compensation program as long as no person is employed by the same. The below listed partnership or proprietorship has no employees and does not participate in the South Dakota Worker's Compensation program.

name of business

physical address

city/state/zip

mailing address

name(s) of owner(s) and partner(s)

I/We certify that the above statements are true, and further agree to immediately notify the City of Custer Planning Department in writing of any changes regarding the information on this form.

Authorized signature of owner or owner's agent

Date