

**City of Box Elder  
Planning and Zoning Department**

420 Villa Drive, Box Elder, SD 57719  
Phone: 923-1404 Fax: 923-4264 www.boxelder.us

**CONTRACTOR  
LICENSE  
APPLICATION**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Type/nature of Business: \_\_\_\_\_

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Notice: Fictitious business names must be registered. Registration may be made in person at the Meade or Pennington County Courthouses (at the Register of Deeds Office) or online at [www.sdsos.gov](http://www.sdsos.gov) (scroll down the page and click on *Fictitious Name Registration*).

On the lines below please enter the names and addresses of your partners, if your business is a partnership, or of your corporate officers, if your business is a corporation.

Name & address: \_\_\_\_\_

Name & address: \_\_\_\_\_

Name & address: \_\_\_\_\_

Name & address: \_\_\_\_\_

This Application form must be accompanied by:

- A copy of your SD Excise Tax Form.
- Proof of current liability insurance.
- A non-refundable Contractor License Application Fee of \$300.00 for a new 3-year license **or** \$200.00 for a new 1-year license **or** \$150.00 for a 3-year license renewal.

I hereby certify that the information I have provided on this Application is accurate and correct. I understand that I must carry my License with me whenever I am working within the City of Box Elder.

\_\_\_\_\_  
Applicant's signature

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_