

City of Crooks
701 S West Ave / PO Box 785
Crooks, SD 57020
Tel 605-543-5238 Fax 605-543-6438
www.crookssd.org



Application for Contractor's License

This application must be typewritten or printed in ink. In order to process the application, it must be submitted with the required continuous bond, certificate of liability insurance, and license fee.

Company name/ Individual name: _____

This company is a: Corporation LLC Sole proprietor

Company physical address: _____

City: _____ State: ___ Zip: _____

Company mailing address (if different than physical): _____

City: _____ State: ___ Zip: _____

Owner name(s): _____

Business phone number: _____ Business cell phone number: _____

Email: _____

Type of contractor: _____

Are you licensed elsewhere? If yes, please list where.

Please furnish the following documents to obtain licensure:

- Continuous bond in the amount of \$20,000 naming City of Crooks as obligee
- Proof of liability insurance with single limits of \$1,000,000
- Copy of SD excise license

Please indicate term of license desired and submit payment for desired license:

1-year / \$50.00 3-year / \$100.00

Signature applicant

Date

For office use only!

Date application received: _____ **Requisite documents received:** Y / N

The City of Crooks is an equal opportunity provider
