



THE CITY OF WATFORD CITY
213 2ND ST NE / PO BOX 494
WATFORD CITY, NORTH DAKOTA

CONTRACTOR BUSINESS LICENSE APPLICATION

REQUIREMENTS:

All applications must be legible, printed in ink or typed, and suitable for reproduction. Original Application with Applicant Signature is required. Watford City Contractor Business Licenses expire annually on March 31ST per Watford City Ordinance 6-804. Watford City Contractor Licenses will be issued for a **\$50.00 annual fee**. A **current** copy of your North Dakota State Contractor License **must** be submitted with this application to be held on file at City Hall. Please also be advised, liability insurance must be current with the State of North Dakota.

APPLICATION TYPE

NEW LICENSE RENEWAL FOR CITY LICENSE # _____

BUSINESS INFORMATION

BUSINESS NAME:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

NATURE OF BUSINESS:

BUSINESS STRUCTURE:

INDIVIDUAL PARTNERSHIP CORPORATION / LLC OTHER

NORTH DAKOTA CONTRACTORS LICENSE NUMBER: _____ CLASS: _____

APPLICANT INFORMATION

APPLICANT NAME:

APPLICANT TITLE:

PHONE NUMBER:

APPLICANT EMAIL:

MAILING ADDRESS:

CITY RIGHT-OF-WAY LICENSE Please complete this section **ONLY** if anticipating to work *on, near, or within City right-of-way (ROW), streets, alleys, or other public places*. Copies of the bond, licenses, and proof of insurance(s) listed below **must** be submitted with this application. Watford City must be listed as a Certificate Holder on the Liability Insurance.

NORTH DAKOTA WATER & SEWER INSTALLERS LICENSE NUMBER: _____

NORTH DAKOTA PLUMBING LICENSE NUMBER: _____ ENDORSEMENT: _____

NORTH DAKOTA ELECTRICIAN LICENSE NUMBER: _____ ENDORSEMENT: _____

LIABILITY INSURANCE COMPANY: _____ POLICY NUMBER: _____

WORKERS COMPENSATION COMPANY: _____ POLICY NUMBER: _____

SURETY BOND IN THE AMOUNT EQUAL TO EXCAVATION VALUE OR MINIMUM \$10,000.00

SIGNATURE Reminder: Please submit a copy of your North Dakota State Contractor License and \$50.00 fee payment with this application. **ALL PAYMENTS MADE TO THE CITY WILL BE NON-REFUNDABLE, NON-TRANSFERRABLE ONCE THE LICENSE IS ISSUED.**

APPLICANT SIGNATURE:

DATE:

_____/_____/_____

▼ OFFICE USE ONLY ▼

NEW LICENSE # _____ ISSUE DATE: _____ RENEW LICENSE # _____ ISSUE DATE: _____
\$50.00 FEE PAID: CASH CARD CHECK # _____ STAFF INITIALS: _____