



North Dakota

THE CITY OF WATFORD CITY  
213 2<sup>ND</sup> 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 31<sup>st</sup> 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) **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: \_\_\_\_\_

WASTE HAULER PERMIT NUMBER: \_\_\_\_\_ Watford City Ordinance 4-314

LIABILITY INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

WORKERS COMPENSATION COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**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: \_\_\_\_\_