



CITY OF WATFORD CITY
 213 2nd St NE / P.O. Box 494
 Watford City, North Dakota 58854
 Phone: (701)444-2533 Fax: (701)444-3004
www.cityofwatfordcity.com

CONTRACTOR BUSINESS LICENSE APPLICATION

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 will expire annually on March 31st per the 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 ND.

APPLICATION TYPE

NEW LICENSE RENEWAL FOR CITY LICENSE # _____

LICENSE INFORMATION *Current copy of ND License Attached.*

NORTH DAKOTA CONTRACTOR LICENSE NUMBER:	CLASS:	ADDITIONAL ENDORSEMENT: <i>(if applicable)</i> <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL
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BUSINESS INFORMATION

BUSINESS NAME:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

BUSINESS STRUCTURE:

INDIVIDUAL PARTNERSHIP CORPORATION / LLC OTHER

NATURE OF BUSINESS:

APPLICANT INFORMATION

APPLICANT NAME:

APPLICANT TITLE:

PHONE NUMBER:

APPLICANT EMAIL:

MAILING ADDRESS:

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

NEW LICENSE # _____	ISSUE DATE: _____	RENEW LICENSE # _____	ISSUE DATE: _____
\$50.00 FEE PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CARD <input type="checkbox"/> CHECK # _____		STAFF INITIALS: _____	