

# Electrician Contractor License Application

Belle Fourche Municipal Code 15.20

City of Belle Fourche

Engineering Department

511 6th Avenue, Belle Fourche, SD 57717

Phone: 605-892-3006

Email: [hailey@bellefourche.org](mailto:hailey@bellefourche.org)

Application Date: \_\_\_\_\_

For the Calendar Year of 2025

Name of Business: \_\_\_\_\_

New or Renewal Licence? \_\_\_\_\_ Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City

State/Zip

Mailing Address: \_\_\_\_\_

City

State/Zip

Business Phone Number: \_\_\_\_\_ Cell Phone Number (optional): \_\_\_\_\_

Business Email Address: \_\_\_\_\_

SD Excise Tax Number (XXXX-XXXX-ET): \_\_\_\_\_

Name of Individual(s):

First and Last Name	Type of License	SD State Electrician License #	Years/Experience
First and Last Name	Type of License	SD State Electrician License #	Years/Experience
First and Last Name	Type of License	SD State Electrician License #	Years/Experience
First and Last Name	Type of License	SD State Electrician License #	Years/Experience
First and Last Name	Type of License	SD State Electrician License #	Years/Experience

**Submit the following documents upon application for Electrician License:**

**1. Copy or copies of South Dakota State License(s) or registration(s)**

**2. Certificate of public liability of insurance in the amount of \$1,000,000 per occurrence, \$2,000,000 aggregate, \$1,000,000 personal/adv injury filed with the City of Belle Fourche. Insurance required under Section 15.12.050.**

Name of Insurance Company: \_\_\_\_\_

Insurance Expiration Date

Insurance Company Phone Number: \_\_\_\_\_

**\*\* Please ensure your insurance company understands they are to email updated certificates at the time of expiration to the Engineering Administrative Assistant at [hailey@bellefourche.org](mailto:hailey@bellefourche.org) \*\***

If granted a contractor's license, I agree to comply with all current building codes and building regulations or amendments thereto, as adopted by the State of South Dakota and the City of Belle Fourche.

\_\_\_\_\_  
**Signature of Applicant**

For Engineering Office use only - Please do not fill out

<input type="checkbox"/> New License Fee: \$100.00	Charge: _____
<input type="checkbox"/> Renewal License Fee: \$100.00 (if renewed after 12/31/2024)	Check #: _____
<input type="checkbox"/> Renewal License Fee: \$75.00 (if renewed by 12/31/2024)	Cash: _____
Date License Issued: _____	Receipt # _____
	License Number: _____