

Plumbing 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

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

Submit the following documents upon application for Plumber 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 ****

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: _____