



**DEVELOPMENT
SERVICES**

The City of Yukon requires contractor registration per Ordinance 204-3. This includes any individual or company acting as a specialty trade or skilled trade contractor including any construction activities. The applicant must have passed an examination given by the state demonstrating the qualifications of Electrical, Plumbing, or Mechanical.

No person shall act as or claim to be an Electrical, Plumbing, or Mechanical contractor of any type, or perform any construction work on any commercial or residential construction, unless first becoming registered with the City of Yukon.

NEW CONTRACTOR LICENSE
ELECTRICAL, PLUMBING, MECHANICAL

Please Include the Following:

- .. **STATE DRIVERS LICENSE / GOVERNMENT ISSUED PHOTO I.D.**
- .. **STATE OF OKLAHOMA LICENSED TRADE CONTRACTOR LICENSE**
- .. **APPLICATION COMPLETED**
- .. **LEGAL BUSINESS NAME**
- .. **FEE \$150.00** (Check made payable to City of Yukon)

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1. You must register ALL business names along with the Assumed Name (dba) for your company.
 2. Business telephone number
 3. Fax number of person signing the application
 4. E-mail address of person signing the application
 5. Legal business name. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name as the contractor name, the name identified of the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any license issued by the Department.



DEVELOPMENT
SERVICES

P.O. Box 850500 - (334 Elm Ave)
Yukon, OK 73085 (73099)
Office - 405-354-6676
Fax - 405-350-8929
www.yukonok.gov

FOR CITY USE ONLY	
NAICS CODE _____	ZONING _____
FIRE _____	PLANNING _____

NEW CONTRACTOR REGISTRATION APPLICATION

Electrical - Plumbing - Mechanical

Required Items-- Please fill out all other applicable items

Business Information	Trade (DBA) Name of Business				
	Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	Business Physical Location Address (No PO Box)		City	State	Zip + 4
	Mailing Address		City	State	Zip + 4
	Local Business Phone	Local Fax	Main Office Phone	Main Office Fax	
	Main Office Email		Federal Identification Number		
	Contact Name		Sales Tax Number		
	Contact Phone Number	Contact Fax	Contact Cell Phone Number		
	Contact Email				

Type of License	Specify Services Performed:
	Type of Business (Check All That Apply) <input type="checkbox"/> Electrical Contractor (\$150.00) <input type="checkbox"/> Plumbing Contractor (\$150.00) <input type="checkbox"/> Mechanical Contractor (\$150.00)

License Holder	Name of License Holder				
	Address (No PO Box)		City	State	Zip + 4
	Home Phone	Cell Phone	Fax		
	State License Number	State License Expiration Date	Email Address		

Applicants Signature
 Print _____ Sign _____ Date _____