



The City of Yukon requires contractor registration per Ordinance 204-3. It shall be unlawful for any person to erect, install, improve, enlarge, repair, move, demolish, or alter any premises, building or other structure within the city limits without first obtaining a contractor's certificate from the city. All building construction, including but not limited to roofing, siding, gutters, water proofing, cement and drywall trades, masonry, fire protection, fire suppression, water and sewer line tapping.

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

BUILDING CONTRACTOR / SIGN CONTRACTOR RENEWAL LICENSE

Please Include the Following:

- “ **CERTIFICATE OF INSURANCE: GENERAL LIABILITY**
 - “ Minimum of \$500,000 per occurrence
 - “ City of Yukon must be named as a Certificate Holder
 - “ Please Use As Certificate Holder Information: City of Yukon, P.O. Box 850500, Yukon, OK 73085
 - “ Must be sent directly to the City from the Insurance Company via mail, fax (405) 350-8929, or e-mail developmentsservices@yukonok.gov

- “ **CERTIFICATE OF INSURANCE: WORKERS COMPENSATION**
 - “ City of Yukon must be named as a Certificate Holder
 - “ Please Use As Certificate Holder Information: City of Yukon, P.O. Box 850500, Yukon, OK 73085
 - “ Must be sent directly to the City from the Insurance Company via mail, fax (405) 350-8929, or e-mail developmentsservices@yukonok.gov

- “ **WORKERS COMP AFFIDAVIT (NOTARIZED) - ONLY IF YOU DO NOT CARRY WORKERS COMPENSATION** (This must be renewed yearly)

- “ **CURRENT CONSTRUCTION INDUSTRIES BOARD CARD (ROOFING COMPANIES)**

- “ **APPLICATION COMPLETED**

- “ **LEGAL BUSINESS NAME AND NAME ON INSURANCE MUST MATCH**

- “ **FEE \$50.00** (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 _____ |

BUILDING CONTRACTOR RENEWAL REGISTRATION APPLICATION

Required Items-- Please fill out all other applicable items

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|-----------------------------|---|-------------|-------------------------------|-----------------|---------|
| 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 | | | | |

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|------------------------|---|
| Type of License | Specify Services Performed: |
| | Type of Business (Check All That Apply) <input type="checkbox"/> Building Contractor (\$50.00) <input type="checkbox"/> Sign Contractor (\$50.00) <input type="checkbox"/> Other _____ (\$50.00) |

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

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|------------------------------|---|------|---------------|------------|
| Ownership Information | Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other | | | |
| | COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER | | | |
| | 1) Name | | Title | Email |
| | Home Address | City | State Zip + 4 | Cell Phone |
| | 2) Name | | Title | Email |
| | Home Address | City | State Zip + 4 | Cell Phone |
| | 3) Name | | Title | Email |
| | Home Address | City | State Zip + 4 | Cell Phone |

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|-------------------------------|---|
| Authorized Individuals | Please list below all individuals authorized to apply for permits and request inspections: |
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| Signature | <p>The following must be submitted to the City of Yukon Development Services Office: Original Certificate of Insurance for Liability Insurance in the amount of \$500,000 for each occurrence. Oklahoma Workers Compensation</p> <ul style="list-style-type: none"> All insurance forms shall have the City of Yukon listed as the Certificate Holder and must be directly mailed, faxed, or e-mailed from the Insurance Company. <p>I understand that this registration, as well as any active permits issued hereunder, shall be deemed revoked should my State License not be kept in force, and that any registration or permit fees must once again be paid in full for reinstatement: I also understand this registration or permit fees must once again be paid in full for reinstatement: I also understand this registration may be revoked by the Development Services Director for failure to pay any fee or any code violation after notice, or for continuous or repeated violations of the City of Yukon Code of Ordinances in addition to other penalties.</p> | |
| | Printed Name | Date |
| | Applicants Signature | |