

# City of Sidney, Nebraska

1115 13<sup>th</sup> Avenue P.O. Box 79 Sidney, NE 69162 Phone (308) 254-5300 Fax (308) 254-3164



## ROOF CONTRACTOR LICENSE APPLICATION

### Information Provided by Applicant

#### ATTACHMENTS (All Applicants)

Check  Certificate of Insurance  State of NE Contractor Certification  
 Amended Articles of Incorporation or another organizational document, if there have been changes

#### ADDITIONAL ATTACHMENTS (New License)

Articles of Incorporation or another organizational document, if applicable  
 Current roofing contractor license from a first-class city OR  Application for roofing exam

#### BUSINESS TYPE

Sole Proprietorship  Partnership  Corporation, LLC, or other State Registered

#### SOLE PROPRIETORSHIPS AND PARTNERSHIPS (Provide for each owner. Use back of page for additional, if needed.)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing address, if different \_\_\_\_\_

#### CORPORATIONS, LLCs, OR OTHER STATE REGISTERED ENTITIES

Firm Name & street address \_\_\_\_\_  
Mailing address, if different \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

State Tax ID No. _____	Federal Tax ID No. _____	Number of Employees _____
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### Fee Calculation

	Amount
New License-\$100.00, Renewal-\$75.00	
Occupation Tax for Roofers with no permanent place of business in Sidney, NE - \$100.00	
TOTAL:	

### Acknowledgement

The undersigned hereby applies for a new license or renewal of the license checked above and agrees to comply with all applicable laws of the City of Sidney, Nebraska pertaining to the same. The applicant understands that roofing sub-contractors must apply for their own license and are not covered by applicant's license.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Business Email address: \_\_\_\_\_

### FOR CITY USE ONLY

The roofing contractor listed above, is approved for a license, unless noted in this section.

Approved  Declined

Chief Building Official \_\_\_\_\_ Dated: \_\_\_\_\_