CONTRACTOR LICENSE APPLICATION SECRETARY OF STATE					ID Number			
SFN 12012 (10 - 2011)					WO Number			
Lie Lie						License Nu	icense Number	
 Contractors working on any project where the cost, value, or price per job or contract exceeds \$2,000.00 must hold a North Dakota Contractors License. 						Issued By		
 As stated in North Dakota Century Code, Chapter 43-07-07, the contractor's license class and fee are based on how much the cost, value, or price is per job. The license class and fee are listed below. Make checks payable to the Secretary of State. Credit cards also accepted. 						Secretary	/ of State	
Check Appropriate Class of License						State of North Dakota		
CLASS REQUIRED FOR			FEE		600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500			
C	Class A License no limitation on the value of any single contract		\$300.00		Telephone 701-328-3665 Toll Free 800-352-0867			
C	Class B License	any contract up to	\$250,000	\$200.00			Ext 8-3665	
C	Class C License	any contract up to	\$120,000	\$150.00		Fax	701-328-1690	
C	Class D License	any contract up to	\$ 50,000	\$ 50.00		Web Pag Email:	e: www.nd.gov/sos sosadlic@nd.gov	
3. The bu	siness name as re	gistered in North Dak	ota:				e e e e e e e e e e e e e e e e e e e	
Business	Business Name of Applicant					Business Telephone Number		

Complete Mailing Address	City	State	Zip Code
E-Mail Address	Web Address		

4. If the business is a GENERAL PARTNERSHIP, all partners must be listed including full name, address, city, state, zip code, and Social Security or Federal ID number of each partner. If adequate space is not provided to list all general partners, attach an additional sheet listing all others. If the partnership uses a fictitious name, the fictitious name must be registered with the Business Division (701-328-4284).

If the business is a **LIMITED LIABILITY PARTNERSHIP**, all managing partners must be listed including full name, address, city, state, zip code, and Social Security or Federal ID number of each managing partner. If adequate space is not provided to list all managing partners, attach an additional sheet listing all others. The limited liability partnership must be registered with the Business Division (701-328-4284).

If the business is a **CORPORATION** or **LIMITED LIABILITY COMPANY** it must be registered with the Business Division (701-328-4284) by filing either Articles of Incorporation or Articles of Organization if a domestic organization, or Certificate of Authority if a foreign (out-of-state) organization. If the corporation or limited liability company uses a trade name, the trade name must also be registered.

If the business is a SOLE PROPRIETORSHIP which uses a trade name, the trade name must be registered with the Business Division (701-328-4284).

- 5. Does the applicant have a North Dakota Sales and Use Tax permit? □ Yes □ No If yes, provide the number ______ For information regarding this permit, contact the North Dakota Tax Department at 701-328-1241.
- North Dakota Century Code, Section 43-07-04 requires an applicant to submit to the Secretary of State a statement from North Dakota Workforce Safety & Insurance that the applicant has secured satisfactory WORKERS COMPENSATION coverage. If you do not have any employees, a verification of nonemployment is required to be filed. For details, contact the Workforce Safety & Insurance, 1600 East Century Avenue Suite 1, Bismarck, North Dakota 58506, (701-328-3800) or (800-777-5033).
- 7. In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number or Federal ID number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate contractor files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this application.

For the purpose of qualifying for a contractor's license, the applicant submits, under oath, the following information:

A. Business Type Sole Proprietorship - Complete C Below Limited Liability Company - state of origin General Partnership - Complete C & D Below Corporation - state of origin Limited Liability Partnership - state of origin Corporation - state of origin Complete C & D Below Delow			B. Business Federal ID Number	
C. Name of Owner (or General Partner or Managing Partner)		Social Security/Federal ID Number	Home 1	elephone Number
Complete Mailing Address	City	-	State	Zip Code
D. Name of General Partner (or Managing Partner)		Social Security/Federal ID Number	Home 1	elephone Number
Complete Mailing Address	City		State	Zip Code

 North Dakota Century Code, Section 43-07-04 requires an applicant to file a CERTIFICATE OF INSURANCE indicating liability coverage as proof that the applicant has secured liability insurance. The certificate holder needs to be: ND Secretary of State, 600 E Blvd. Ave, Dept. 108, Bismarck, ND 58505-0500.

9. In addition to a contractor's license, you may need to obtain other licenses or permits as required by law (e.g. the State Electrical Board, the State Plumbing Board, Transient Merchant License from the Attorney General or Asbestos Abatement from the Health Department).

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10. Do you hold a contractor license in another state?

No Yes If Yes, indicate the state(s)
11. The applicant's experience and/or qualifications to act in the capacity of a contractor. This may include, but is not limited to, the number of years in the
business, licenses in other states, detailed explaination of what type of work is being done, training, school, and any other pertinent information.

	12. If your answer is "YES" to any of the following questions, give the details on a separate sheet and attach to this application.				
а	a. Has any license been denied, suspended or revoked	For you?	Yes No		
		For any officer?	Yes No		
		For any partner?	Yes No		
		For any entity with which you, officers or partners have or are associated with			
b	were an officer or partner) were involved as a defend past year?		limited liability company, or partnership of which you are or was charged during the		
С	Have you or a corporation, limited liability company, o proceedings during the past five years?	or partnership of which you are or were	an officer or partner, been involved in bankruptcy		
d	 Are there any judgments, arbitration awards, mechar partnership of which you are an officer or partner, in I 		ainst you, or a corporation, limited liability company, or		
e	e. Has the applicant, or officers or partners of the applic	cant been charged with or convicted of a	a felony or misdemeanor within the last five years?		
		co mi	Yes, indicate the date, name of the individual charged or nvicted, city, state, disposition, and whether a felony or sdemeanor. (This includes ALL crimes, including nsufficient funds checks, no account checks, and DUIs.)		

13. Once the licensing process has started and the requirements are not completed or perfected within 90 days, one half of the filing fee submitted will be retained and the other half returned to the applicant.

14. North Dakota Century Code, Section 43-07-19 states every applicant who is not a resident of the state of North Dakota, by signing and filing the application appoints the Secretary of State as the applicant's true & lawful agent upon whom may be served all lawful process in any action or proceeding against such non-resident contractor.

AFFIDAVIT

(Sign before a notary)

The Applicant, who is 18 years of age or older, whose name is	, being first
duly sworn on oath deposes and says he/she is the applicant above named, or the	_ of the corporation or a
member of the firm, association, or co-partnership which has caused said application to be filed, and that he/she is duly authorized a	and empowered to make
this affidavit for and on behalf of said applicant; that he/she has read the within and foregoing application and knows the conter	nts thereof, and that the
statements therein contained are true of his/her own personal knowledge, except as to such statement therein made upon informati	ion and belief, and as to
such statements he/she believes the same to be true.	

State of	Signature of Applicant
County of	

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,

(Notary Seal/Stamp)

Notary Public

My Commission Expires_