



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.

NEW BUILDING CONTRACTOR 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 developmentservices@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 developmentservices@yukonok.gov
- **WORKERS COMP AFFIDAVIT (NOTARIZED) - ONLY IF YOU DO NOT CARRY WORKERS COMPENSATION** (this must be renewed yearly)
- **APPLICATION COMPLETED**
- **LEGAL BUSINESS NAME AND NAME ON INSURANCE MUST MATCH**
- **Roofing Contractors must provide: Oklahoma Roofing Contractor Registration Card**
- **FEE \$150.00** (check made payable to City of Yukon)

-
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.cityofyukonok.gov

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

NEW BUILDING CONTRACTOR REGISTRATION APPLICATION

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"/> Building Contractor (\$150.00) <input type="checkbox"/> Sign Contractor (\$150.00) <input type="checkbox"/> Other _____ (\$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 Exp. Date	♦ Email Address		

(Complete Reverse Side of this page)

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	Home Phone
	Home Address	City	State Zip + 4	Cell Phone
	2) Name		Title	Home Phone
	Home Address	City	State Zip + 4	Cell Phone
	3) Name		Title	Home Phone
	Home Address	City	State Zip + 4	Cell Phone

Authorized Individuals	Please list below all individuals authorized to apply for permits and request inspections:

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"> • <i>All insurance forms shall have the City of Yukon listed as the Certificate Holder and directly faxed or e-mailed from the Insurance Company.</i> <p><i>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.</i></p>	
	♦ Printed Name	♦ Date
	♦ Applicants Signature	