

**2016
CITY OF DUBUQUE
SIGN CONTRACTOR LICENSE
Fee: \$150.00**

Name of Company

Address

City

State

Zip Code

Phone

E-mail

Iowa Contractor Registration No.

Expiration Date

Attach a Certificate of Insurance for minimum of \$1,000,000 general liability coverage.

Credit cards are accepted, you can provide the information below or call our office with your information.

Type of Card: _____

Credit Card No. _____ Expiration Date: _____

Send application, check and insurance certificate to:

**Building Services Department
Attn: Jean Noel
50 W. 13th St.
Dubuque IA 52001
PHONE: (563) 589-4150
Email: jnoel@cityofdubuque.org**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature

Date