



## DEVELOPMENT SERVICES

The City of Yukon requires contractor registration per Ordinance 204-3. This includes any individual or company acting as a specialty trade or skilled trade contractor including any construction activities. The applicant must have passed an examination given by the state demonstrating the qualifications of Electrical, Plumbing, or Mechanical.

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

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### CONTRACTOR RENEWAL LICENSE ELECTRICAL, PLUMBING, MECHANICAL

#### **Please Include the Following:**

- .. **STATE DRIVERS LICENSE / GOVERNMENT ISSUED PHOTO I.D.**
  - .. **STATE OF OKLAHOMA LICENSED TRADE CONTRACTOR LICENSE**
  - .. **APPLICATION COMPLETED**
  - .. **LEGAL BUSINESS NAME**
  - .. **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 \_\_\_\_\_

**RENEWAL CONTRACTOR REGISTRATION APPLICATION**  
**Electrical - Plumbing - Mechanical**

**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"/> Electrical Contractor (\$50.00) <input type="checkbox"/> Plumbing Contractor (\$50.00) <input type="checkbox"/> Mechanical Contractor (\$50.00)				

**License Holder**

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

Applicants Signature

Print

Sign

Date