

BUS. PHONE: _____
FAX NO. _____
CELL PHONE: _____
EMAIL: _____

FEE: _____ \$50.00
DATE RECEIVED: _____
RECEIPT #: _____

APPLICATION FOR EXCAVATING CONTRACTOR REGISTRATION
01/01/2024 TO 12/31/2024

BUSINESS NAME: _____

MAILING ADDRESS: _____

FILL OUT APPLICABLE PARAGRAPH:

- 1) CORPORATION: The applicant is a corporation, organized and existing under the laws of the State of Wisconsin and the corporation does have a corporate seal.

CORPORATION NAME: _____

PRESIDENT'S NAME: _____

SECRETARY'S NAME: _____

- 2) PARTNERSHIP: The applicant is a partnership consisting of:

PARTNERS' NAMES: _____

- 3) INDIVIDUAL: The applicant is an individual and is operating under a trade name.

INDIVIDUAL'S NAME: _____

BOND INFORMATION

Name of Bonding Company: _____

Bond expires: _____ (A COPY OF THE BOND MUST BE ATTACHED)

I/We hereby certify that I/We have read Chapter 6 of the Wisconsin Rapids Municipal Code and understand the rules and regulations listed in said chapter, in particular:

- 1) That there is a 3-year warranty on all workmanship and materials.
- 2) That traffic control must be provided in conformance with the Wisconsin Manual of Uniform Traffic Control Devices.
- 3) That I/We must abide by the specifications required in the Wisconsin Rapids Municipal Code.
- 4) That I/We must apply for a \$50.00 permit for EACH individual project. Such permit fee is payable to the CITY OF WISCONSIN RAPIDS prior to the start of such work. If work is started prior to obtaining the \$50.00 permit, a fee of \$100.00 shall be charged.
- 5) That if excavation is done in streets that are less than 20 years old, a degradation fee will be charged.

Signature of Applicant

SIGNATURE OF CITY ENGINEER: _____

Joe Eichsteadt

APPROVED / DENIED