

CONTRACTOR LICENSE REQUEST FORM



You must provide all requested information on the application. Blanks will delay processing of application and issuance of license.

DATE: _____

BUSINESS OWNER: _____ TELEPHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____

BUSINESS NAME: _____ TELEPHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____

TYPE OF LICENSE:	ANNUAL	MID YEAR (June 30 - Dec 31)
_____ GENERAL BUILDER / COMMERCIAL	FEE: \$250	\$125
_____ GENERAL CONTRACTOR / RESIDENTIAL	FEE: \$100	\$50
_____ SUB-CONTRACTOR *SPECIALTY*	FEE: \$100	\$50

***SPECIALTY*:**

- | | | |
|---------------------|----------------------------------|---------------------|
| _____ ROOFING | _____ HEATING & AIR / MECHANICAL | _____ HANDYMAN |
| _____ EXCAVATION | _____ FIRE PROTECTION | _____ LAWN CARE |
| _____ SIDING | _____ HOUSE MOVING | _____ TREE TRIMMING |
| _____ DEMOLITION | _____ ASPHALT | _____ LANDSCAPING |
| _____ FENCE | _____ CONCRETE | _____ OTHER* |
| _____ CARPORT | _____ MASONRY | |
| _____ SIGN | _____ PAINTING | |
| _____ SWIMMING POOL | _____ CARPET CLEANING | |

*If your 'Specialty' isn't listed or you have chosen 'OTHER' please describe your business below:

INSURANCE SUBMITTALS: *(Attach copy)*

- _____ CERTIFICATE OF GENERAL LIABILITY
 _____ CERTIFICATE OF WORKER'S COMPENSATION
 _____ AFFIDAVIT

A Certificate of Insurance must be filed with the city certifying public liability insurance in the amount as provided by Missouri State Statutes. Applicant must also file a certificate of insurance for worker's compensation coverage or an affidavit*, the form of which shall be developed by the Division of Labor and Industrial Relations for the State of Missouri, signed by applicant attesting that the contractor is exempt. (Sec. 12-149) **Note:** *Affidavit must be notarized.

Note: All Contractor License Request forms are to be returned to the Public Works Department located at 623 E Seventh, Carthage MO 64836. Forms may also be emailed to pwd@carthagemo.gov. If sent by email type the information 'Contractor License Request' in the subject line. If you have any questions, please call the Public Works Department at (417) 237-7010.

 Owner's Signature

OFFICE USE ONLY: _____ REVIEWED BY: _____ FEE: _____ DATE: _____