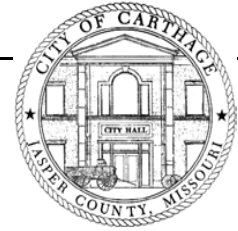


CONTRACTOR LICENSE REQUEST FORM



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*:**

- | | | |
|-----------------------|----------------------------------|--|
| _____ ASPHALT | _____ HEATING & AIR / MECHANICAL | _____ SIGN |
| _____ CARPORT | _____ HOUSE MOVING | _____ SWIMMING POOL |
| _____ CONCRETE | _____ LANDSCAPING | _____ TREE TRIMMING |
| _____ DEMOLITION | _____ LAWN CARE | _____ OTHER* |
| _____ EXCAVATION | _____ MASONRY | _____ NON-CONSTRUCTION* |
| _____ FENCE | _____ PAINTING | <i>(Such as Carpet Cleaning, Pest Control, Commercial Office Cleaning, Parking Lot Sweeping, etc.)</i> |
| _____ FIRE PROTECTION | _____ ROOFING | |
| _____ HANDYMAN | _____ SIDING | |

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

INSURANCE SUBMITTALS: *(Attach copy)*

- | | |
|--|--|
| _____ CERTIFICATE OF GENERAL LIABILITY | _____ NON-CONSTRUCTION WORKER'S COMPENSATION EXEMPTION |
| _____ CERTIFICATE OF WORKER'S COMPENSATION | <i>(If your business is not engaged in the construction industry and you have 4 or fewer employees Missouri law does not require worker's compensation - if you are unsure of worker's compensation coverage please seek legal counsel.)</i> |
| _____ 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) All Certificates must list the City of Carthage as the Certificate Holder. Missouri employers involved in the construction industry are required to carry worker's compensation coverage if they have one or more employees. 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: _____