

CITY OF SCOTT CITY
215 CHESTER AVE.
SCOTT CITY, MO 63780

APPLICATION FOR CONTRACTOR LICENSE

Note: This application MUST be filled out in order to receive a contractor license.

BUSINESS NAME _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

OWNER/MANAGER _____

CONTACT PERSON (IF DIFFERENT THAN ABOVE) _____

PHONE NUMBER _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____

CHECK ALL LICENSE APPLYING FOR:

____ BUILDING CONTRACTOR ____ ELECTRICAL CONTRACTOR

____ PLUMBING CONTRACTOR ____ MECHANICAL CONTRACTOR

TOTAL LICENSE FEE DUE: \$25.00

SALES TAX NUMBER _____ (ALL BUSINESSES WITH A SALES TAX NUMBER MUST SEND A
CERTIFICATE OF NO TAX DUE. SEE ATTACHED LETTER FROM MISSOURI DEPT. OF REVENUE.)

____ I HAVE ATTACHED A COPY OF LIABILITY INSURANCE CERTIFICATE.

____ I HAVE ATTACHED A COPY OF WORKER COMPENSATION INSURANCE CERTIFICATE.

____ I AM NOT REQUIRED TO HAVE WORKER COMPENSATION INSURANCE, HAVE SIGNED THE
ATTACHED WAIVER AND HAVE ANSWERED THE ATTACHED LIST OF QUESTIONS.

My signature below shows that I understand that all contractor license holders must follow all City ordinances for businesses. I further understand that if I am found not following City ordinance(s), my license will be immediately forfeited, will not be reinstated without approval of the City Council, and may be assessed penalties as prescribed by city ordinance.

SIGNATURE OF OWNER _____

DATE: _____