



CITY OF MARYVILLE, MISSOURI CONTRACTOR LICENSE APPLICATION

BUSINESS NAME: _____ DATE: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

PLEASE INDICATE THE TYPE OF CONTRACTOR LICENSE(S) APPLYING FOR:

- | | |
|--|--|
| <input type="checkbox"/> Electrical Contractor (\$175) | <input type="checkbox"/> Mechanical Contractor (\$175) |
| <input type="checkbox"/> General Contractor (\$175) | <input type="checkbox"/> Plumbing Contractor (\$175) |

MARYVILLE ELECTRICAL/MECHANICAL/PLUMBING EXAM TAKEN AND PASSED: (note those applicable)

Electrical: _____ Mechanical: _____ Plumbing: _____

- OR -

ELECTRICAL/MECHANICAL/PLUMBING EXPERIOR (Block) TEST: Yes NO
(Please provide copy if not on file)

CERTIFICATE OF LIABILITY INSURANCE (NO LESS THAN \$300,000) PURCHASED FROM:

DATE PURCHASED _____ EXPIRATION DATE: _____

PHONE NO.: _____

OFFICE USE ONLY

Received Application: _____

Received Cert. Of Ins.: _____

Received License Fee(s): _____

Issued License(s): _____