



CITY OF MARYVILLE, MISSOURI CONTRACTOR LICENSE APPLICATION

BUSINESS NAME: _____

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) |

DATE PASSED CITY OF MARYVILLE ELECTRICAL/MECHANICAL/PLUMBING EXAM OR ACCEPTABLE TRAINING COURSE: (note those applicable)

Electrical: _____ Mechanical: _____ Plumbing: _____

COMPANY LIABILITY INSURANCE PURCHASED FROM: _____

EXPIRATION DATE: _____

PROOF OF WORKMAN'S COMP INSURANCE: _____

EXPIRATION DATE: _____

(Please provide copy if not on file)

By signing below, you assure that the above listed information is correct and that any and all changes have been verified by the company's owner and/or authorized person.

SIGNATURE: _____

OFFICE USE ONLY

Received Application: _____

Received Cert. of Liability Ins.: _____

Received Workers' Comp. Ins.: _____

Received License Fee(s): Credit Card Check # _____ Amt: _____

Issued License(s) : _____

Code Enforcement Approval:

- YES NO

Initial: _____