



## 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:

- Electrical Contractor (\$175)                       Mechanical Contractor (\$175)  
 General Contractor (\$175)                       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: \_\_\_\_\_