



City of Waynesville
Economic Development

Come Grow with Us
 100 Tremont Center
 Waynesville, MO. 65583
 Phone: (573) 774-6171

License No. _____

CONTRACTOR-SUBCONTRACTOR LICENSE APPLICATION

1. COMPANY INFORMATION

New Business Name Change Change in Ownership

Corporation or LLC Name (if applicable) Est. Start Date

Name of Business (Must match business card & advertising) FEIN #

Type of Ownership
 Sole Proprietor Partnership Limited Liability Company (LLC) Corporation

*The business name must be registered with the Missouri Secretary of State as www.sos.mo.gov.
 An out-of-state business must register as a transient employer by calling the Department of Revenue at (573) 751-0459*

Business Address Phone

City State Zip Code

Mailing Address (if different from above) Phone:

City State Zip Code

Business Contact Email Business Website

2. NAME OF OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (list below – provide add-on sheet if necessary)

Owners Name Title Phone No.

Home Address

Name Title Phone No.

Home Address

Name Title Phone No.

Home Address

Name of Manager Phone No.

3. BUSINESS DESCRIPTION

Give a concise description of the business to be conducted. Be certain that the types of business transactions to be conducted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.

4. ANNUAL LICENSE FEE

General Contractor \$40 Electrical \$40.00 Plumbing \$40.00 Liquid Petroleum-Gas \$40.00

5. WORKER'S COMPENSATION INSURANCE – CERTIFICATE OF LIABILITY

Worker's Compensation Insurance Coverage Exemption Affidavit: I understand that under RSMo. 287.040 an employer is required to have Worker's Compensation Insurance unless determined to be exempt. I hereby certify and swear that this business **meets the State requirements to be exempted** from having Worker's Compensation Insurance. (please submit the proper Missouri Worker's Compensation Exempt Form)

Signature of Applicant _____

**13. RESPONSIBLE PARTY CERTIFICATION (To be signed by the local manager or owner that is responsible for the operation of the business)
The individual signing this document must provide a copy of their current driver's license for identification.**

I (the undersigned) have answered all questions on the application and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. I will notify the City if I leave the employment of the business being license or no longer function as it's Responsible Party. On behalf of the business, I acknowledge and agree to the following: **(Please initial each statement)**

- _____ Our business cannot commence operations in Waynesville or pull permits until a City Contractor/Subcontractor license is issued.
- _____ Our business must carry Worker's Compensation Insurance unless exempted by State Law and provide the City with proof of Insurance or of Exemption.
- _____ I must notify the City Clerk of any change in Business name, address, ownership or responsible party.
- _____ I am responsible for maintaining a current and active contractor license if conducting business in Waynesville.
- _____ I agree to operate the business in accordance to all City ordinances and State Laws that affect our business operation.
- _____ I acknowledge by my signature below that I will accept responsibility for service of any citation issued by the City for any violations of the Waynesville Municipal Code by the business.

Responsible Party Signature _____	Date Signed
Printed Name _____	Phone No.
	Email:

OFFICE USE ONLY

Check all that apply:

<input type="checkbox"/> Copy of Driver's License	<input type="checkbox"/> Criminal History Report	<input type="checkbox"/> List of Company Vehicles
<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Digital Copy of Picture	<input type="checkbox"/> Proof of Insurance (Business & Vehicle)

Business ID No. _____

Background Completed: _____
Note any felonies or misdemeanors.

Indebtedness to the City? Yes No If yes, describe debt: _____

Previous Permit Revoked? Yes No If yes, describe: _____

Application Approved? Yes No If no, state reason: _____

Issuing Authority

Date