



Application for Contractor License

102 E. Market PO Box 8

Diamond, Mo 64840

License # _____

417-325-4220 Fax: 417-325-4230

Full Legal Name of Company: _____

List all other names used by the Company: _____

Name of Owner(s) of Company: _____

Business Address: _____ City, State _____ Zip _____

Mailing Address: _____ City, State _____ Zip _____

Company is: Sole Proprietorship Partnership Corporation Limited Liability Co Other(describe) _____

Company Federal ID# _____ Company Missouri Tax ID# (MITS) _____

Business Phone: _____ Home/Cell Phone: _____

Fax: _____ E-Mail _____

List of Workers on Site: _____

Certificate of Liability Insurance provided? Yes No

Bonded? Yes No

Under Penalty of Intentional Misrepresentation and/or Perjury, I declare that I have examined this application and filled it out to the best of my knowledge. I agree to fully comply with the National Building Code and all provisions of the applicable Ordinances including paying of a \$30.00 fee.

Signature: _____ Date: _____

OFFICE USE ONLY

License Fee: _____ Cash _____ Check _____ CC _____

License Issued: _____

License Mailed: _____