



APPLICATION FOR CONTRACTORS LICENSE

102 East Market
PO Box 8
Diamond, MO 64840
417-325-4220
417-325-4230 fax

DATE _____

Full Legal Name of Business or Company: _____

List all other names used by this Business or Company _____

List of Workers on Site _____

Business Address _____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Business Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Name of Owner(s) of Company _____

Name of Workers on Site _____

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

Certificate of Liability Insurance provided? Yes No

Bonded? Yes No

Company Federal ID # _____

Company Missouri Tax ID # (MITS) _____

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 a \$25.00 Fee.

Signature _____ Date _____

OFFICE USE ONLY

License Fee \$30.00 Cash _____ Check _____

License Issued _____

License Mailed _____