



P.O. Box 370
Kimberling City, Missouri 65686
417-739-4903 • Fax 417-739-2752
www.ckcmo.com

CONTRACTOR LICENSE APPLICATION

New Application

Renewal Application

Name of Corporation/ LLC: _____

Name of Business DBA: _____

Contractor Classification: _____
(Example: General Contractor, Plumbing Contractor, Electrical Contractor, HVAC Contractor)

Physical Address:

Mailing Address:

Owner of Business: _____

E-Mail Address: _____

Business Phone: _____

Local Contact Person: _____

Local Contact Phone: _____

Number of Employees: Full Time _____ Part Time: _____ Working Owners: _____

If the business has full time, or part time employees unless determined to be exempt by the State of Missouri (if you have employees include exemption letter) include a copy of your workman comp insurance. If business has 0 employees, or only working owners please sign workers' compensation insurance exemption affidavit on the next page.

Extra Information:

Contractor License \$25.00

Prorated to 1/2 in January \$12.50

PLEASE MAKE CHECKS PAYABLE TO: The City of Kimberling City

CONTRACTOR LICENSES ARE VALID JULY 1ST- JUNE 30TH EACH YEAR. LICENSES MUST BE RENEWED BY JUNE 30TH TO AVOID ANY INTERUPTION OF WORK IN KIMBERLING CITY OR IN OBTAINING PERMITS.



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WORKERS' COMPENSATION INSURANCE COVERAGE EXEMPTION AFFIDAVIT
I understand that under Missouri State law 287.040 an employer is required to have workers' compensation insurance unless determined to be exempt. I hereby certify and swear that this business meets the state requirements to be exempted from having to have workers' compensation insurance by employing 0 employees, or I have filed a Notice of Employer's Exemption with the Missouri Division of Worker's Compensation.

Signature _____ Date: _____

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 of my license and citations leading to a fine and court cost. On behalf of the business, I acknowledge and agree with the following:

1. Our business cannot operate inside the city limits of Kimberling City or pull permits without a valid contractor license.
2. Our business must carry workman compensation insurance unless exempted by state law, and must keep updated proof of insurance on file with City Hall.
3. I understand the City of Kimberling City has adopted the 2006 International Building Code, and if found in violation of the Kimberling City Municipal Code may be subject to a fine.
4. I agree to obtain a building permit for any work requiring me to do so and if found completing work without a permit I will be issued a stop work order until the proper permit, and inspections are in place and if the situation is not remedied may be subject to a fine.
5. I agree to operate the business in accordance to all city ordinances and state laws that affect our business operation.
6. I do not and will not knowingly employ any person who is not legally allowed to work in the United States, and who does not possess a currently valid appropriate work Visa, "Green Card", any I-9 or other required documentation to work in the United States, or a valid social security card.

Signature of Applicant: _____ Date: _____

Driver's License Number: _____ Expiration Date: _____

State of Issuance: _____

OFFICE USE:

Contractor License # _____ Date Received _____

Check # _____ Fee Paid _____ Receipt # _____

Workers Comp Received _____ Affidavit Signed _____ Received By: _____