



# 2018 Contractor License Application

PO Box 395, 715 W. Mt. Vernon  
Nixa MO 65714  
Ph. 417-725-5850 Fax: 417-724-5750

Application Date \_\_\_\_\_

## BUSINESS INFORMATION

Contractor / Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ FEIN# \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Does your company have Worker's Comp Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

**If, yes please provided us with a copy of your policy. It can be faxed to 417-725-6394.**  
**If, No please sign the Affidavit of Exemption (see attached).**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

## **For Office Use Only**

New License Fee \$50.00

Insurance Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Annual Renewal Fee \$25.00

Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_  
City Clerk