CONTRACTOR'S LICENSE APPLICATION

CONTRACTOR INFORMATION

NAME OF COMPANY_____

CONTRACTOR/OWNER NAME _____

TYPE OF CONTRACTOR _____

PHONE#_____**CELL PHONE#**_____**FAX#** _____

ADDRESS/LOCATION OF BUSINESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

MISSOURI TAX IDENTIFICATION NUMBER_____

INSURANCE INFORMATION

MUST ATTACH INSURANCE CERTIFICATE

Made out to: CITY OF LAMAR, 1104 BROADWAY, LAMAR, MO 64759

AGREEMENT

- If you hire any subcontractor, please list them on the next page.
- Insurance minimum $100,000 general liability & workers comp per state law.
- You must obtain license prior to engaging in work which falls under Ordinance #1658. License expires December 31 of the year obtained.
- Please include license fee of $50.00, add additional late fee of $50.00 if you have engaged in work prior to obtaining license.
- Failure to comply with the licensing provisions and/or any other city article or ordinance shall be caused for revocation of license and/ or building permits issued as same. No future permit and/or license shall be issued with outstanding violations.

I certify that the information stated on this application is true and complete, to the best of my knowledge and belief.

_____
Applicant's Signature

CITY USE ONLY

LICENSE # _____   AMOUNT PAID _____

DATE SENT _____   DATE PAID _____

APPROVED BY:_____

SUBCONTRACTOR INFORMATION

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	

NAME OF COMPANY	
TYPE OF CONTRACTOR	
PHONE#	CELL PHONE #
ADDRESS	
CITY/STATE/ZIPCODE	