

Government Center
14811 Manchester Road
Ballwin, MO 63011-4617



(636) 227-8580
Fax: (636) 207-2320
www.ballwin.mo.us

CONTRACTOR'S LICENSE APPLICATION FOR YEAR ENDING MARCH 31, _____

Contractor Type: Builder Communications Demolition Electrician
(Please choose only one.) Excavation General Irrigation Mechanical
 Plumber Pool/Spa Sign Retaining Wall
 Other _____

Name of Business: _____
 Sole Proprietorship Partnership Corporation LLC Other _____

Address: _____
(street) (city) (state) (zip)

Phone (____) _____ Fax (____) _____ Email _____

Contacts: _____ Owner / President
(Name) (Title: Please Circle) (Office / Cell No.)

(Name) (Title) (Office / Cell No.)

St. Louis County License (if applicable): _____
(Type) (Number) (Expiration)

Worker Compensation Insurance (if applicable): _____
(Policy Number) (Expiration)

General Liability Insurance (excavation permits only): _____
(Policy Number) (Expiration)

This form constitutes an application for a Contractor's License to work in the city of Ballwin for the above license year.

The undersigned hereby certifies that this business is is not required, under the terms of the Missouri Workers' Compensation Act, to maintain workers' compensation insurance for its employees.

**A COPY OF YOUR COVERAGE OR AFFIDAVIT OF EXEMPTION
MUST ACCOMPANY APPLICATION.**

Signature Title



CREDIT CARD PAYMENT FORM

Inspections: (636) 227-2129
 Fax: (636) 207-2360
 Email: inspections@ballwin.mo.us

PHONE MAIL FAX EMAIL

- MASTERCARD
 VISA
 DISCOVER

<i>CARD NUMBER</i>
<i>EXPIRATION DATE (MM/YY):</i>

√	<i>TRANSACTION TYPE</i>	<i>AMOUNT</i>	<i>REF # OFFICE USE ONLY</i>
	HOUSING INSPECTION	\$ 100	
	APT INSPECTION	\$ 30	
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE (IF MAILED/EMAILED/FAXED) X	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	