



**CONTRACTOR'S LICENSE APPLICATION
FOR YEAR ENDING MARCH 31, 2021**

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 _____

* Email address is required: future renewals sent by 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)

This form constitutes an application for a Contractor's License to work in the City of Ballwin for the license year April 1 through March 31. 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

Pro-Rated License Fees
If you obtain your contractor's license in:
March – June \$50.00
July – September \$40.00
October – February \$25.00