



## CONTRACTOR'S LICENSE APPLICATION FOR YEAR ENDING MARCH 31, 2024

Contractor Type:

(Please choose only one.)

- |                                      |   |                                     |   |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Builder     | <input type="checkbox"/> Communications | <input type="checkbox"/> Demolition | <input type="checkbox"/> Electrician    |
| <input type="checkbox"/> Excavation  | <input type="checkbox"/> General        | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Mechanical     |
| <input type="checkbox"/> Plumber     | <input type="checkbox"/> Pool/Spa       | <input type="checkbox"/> Sign       | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> 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: \_\_\_\_\_  
(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 |