

Government Center  
1 Government Ctr  
Ballwin, MO 63011



(636) 227-9000  
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