2016 Contractor License Application

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
Ph. 417-725-5850 Fax: 417-724-5750

Application Date _____

BUSINESS INFORMATION

Contractor /Business Name _____

Mailing Address _____

City _____State _____ Zip Code_____ FEIN# _____

Business Phone _____ Cell Phone _____

Applicant Name_____ Title_____

Contact Email Address: _____

Does your company have Worker's Comp Insurance: Yes _____ No _____

If, yes please provided us with a copy of your policy. It can be faxed to 417-725-6394.
If, No please sign the Affidavit of Exemption (see attached).

_____ _____

Print Name **Signature**

For Office Use Only

New License Fee $50.00

Annual Renewal Fee $25.00

License Number _____

Amount Paid _____

Insurance Provided: Yes _____ No _____

Expiration Date _____

_____
City Clerk