



2016 Contractor License Renewal

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

Annual Renewal Fee \$25.00

License Number _____

Amount Paid _____

Insurance Provided: Yes _____ No _____

Expiration Date _____

City Clerk