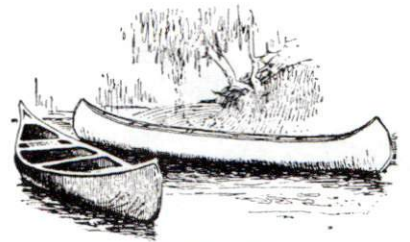


CITY OF PINEVILLE

" THE RIVER CITY "

PO BOX 592 / 503 MAIN STREET, PINEVILLE, MO 64856
PHONE: 417.223.4368 FAX: 417.223.4366
EMAIL: CITYOFPINEVILLE@GMAIL.COM
WEB: WWW.PINEVILLEMO.US



APPLICATION FOR CONTRACTOR'S LICENSE

ALL NEW APPLICATIONS MUST BE APPROVED BY THE BUILDING INSPECTOR BEFORE A LICENSE CAN BE ISSUED

NEW APPLICATION

RENEWAL APPLICATION

NAME OF COMPANY _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

JOB SITE ADDRESS _____

NAME OF APPLICANT _____ FEIN _____

RELATIONSHIP TO COMPANY _____

COMPANY PHONE # _____ HOME PHONE # _____

KIND OF SERVICE SOLD _____

PLEASE SELECT ONE

CONTRACTOR YEARLY LICENSE FEE \$150.00 \$ _____

CONTRACTOR PER JOB LICENSE FEE \$25 \$ _____

ADMINISTRATION FEE \$10.00 (REQUIRED) \$ _____

TOTAL COST \$ _____

ALL CONTRACTORS MUST HAVE ON FILE AT PINEVILLE CITY HALL A CERTIFICATE OF INSURANCE IN THE AMOUNT OF \$25,000 BODILY INJURY MINIMUM AND \$5,000 PROPERTY DAMAGE. ALSO, UNDER STATE LAW, ANY CONSTRUCTION COMPANY WITH ONE OR MORE EMPLOYEES IS REQUIRED TO HAVE WORKER'S COMPENSATION INSURANCE. PROOF OF THIS INSURANCE WILL BE REQUIRED TO BE ON FILE WITH THE CITY PRIOR TO THE APPLICATION BEING APPROVED AND LICENSE BEING ISSUED.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY

PROOF OF WORKMAN'S COMP PROVIDED

YES NO N/A

PROOF OF LIABILITY PROVIDED

YES NO N/A

EXP. DATE _____

EXP. DATE _____

LICENSE NUMBER _____

AMOUNT \$ _____

PAYMENT CASH CHECK CREDIT CARD

LICENSE DENIED REASON DENIED _____

BUILDING INSPECTOR _____