



City of Festus
711 West Main Street, Festus, Mo. 63028
Phone: 636-937-4694 Fax: 636-937-2140

CONTRACTOR LICENSE APPLICATION

Date: _____
Name _____
Address _____
City/State/Zip _____
Phone Number _____

Company Name _____
Company Address _____
City/State/Zip _____
Mailing Address _____
City/State/Zip _____

Type of Contractor: General Electric Plumbing Other:

(Circle One)

License Fee: \$50.00/year Pro-Rated to \$25 after Oct.
1st

License Period: January 1st through December 31st

Contractors working without a City of Festus license may be
fined.

Worker Compensation Insurance Law

If you are required to have worker compensation, you must present a certificate of insurance prior to receiving a contractor's license from the City of Festus, Missouri.

You may fax your certificate to the City of Festus at 636-937-2140.

STATEMENT

I, _____, owner/operator of _____
_____ hereby
certify that the aforementioned business is exempt from the worker
compensation requirements:

Signature

Date