



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: _____

(Detail Required)

Address where contracted work will be done: _____

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

License Period: January 1st through December 31st

Certificate of Insurance must be provided before License is issued.

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

BACK OF THIS FORM MUST BE COMPLETED

Worker Compensation Insurance Law

To be exempt from the workmen's compensation insurance requirements, the following must apply:

1. You are not a contractor and have less than (5) five employees.
2. You are a contractor and never have anyone working for you, other than yourself.

If the terms of these requirements are not met, you must present a certificate of workmen's compensation insurance prior to receiving a contractor's license from the City of Festus, Missouri.

STATEMENT

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

I am a contractor and never have anyone working for me other than myself.

Signature Date

I am not a contractor and the business employs less than five (5) employees.

Signature Date

Signature of Applicant: _____
Title of Applicant: _____
Date: _____