



City of Neosho
 203 E. Main
 Neosho, MO 64850
 417-451-8050
 417-451-8065(fax)

New App Renewal

Date Rec'd _____

OFFICE USE ONLY

ATTACHMENTS

Lic # _____	<input type="checkbox"/> Work Comp. or WC-134	Check # _____
Lic Fee _____	<input type="checkbox"/> Liability Ins.	Cash \$ _____
Delinq Fee _____	<input type="checkbox"/> Lic & Permit Bond	License Delivered Date _____
Total Fees _____		

Application for Contractor's License—Fiscal Year Ending September 30, 2017

OFFICE USE ONLY

Zoning Approval & Classification (if new application) _____
 Classification _____ Signature of Planning & Zoning _____

Fire Inspector Approval (if new application) _____ Date _____
 City Finance Department Clearance _____ Date _____

Full Legal Name of Company _____

List all other names used by the Company _____

Business Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Name of Owner(s) of Company _____ Social Security Number _____

Address of Owner(s) of Company _____

Company is: Sole Proprietorship Partnership Corporation Limited Liability Co Other (describe): _____

Is this business inside the Neosho City limits? Yes No Will this business make retail sales? Yes No

Company Federal ID # _____ Company Missouri Tax ID # (MITS) _____

Business Phone _____ Home/Cell Phone _____ Fax _____ E-Mail _____

Type of Contractor (check one) ___ General ___ Subcontractor Specialty (plumbing, electrical, etc.) _____

Are you required to carry Worker's Compensation Insurance¹? Yes No If yes, attach evidence of coverage.

Attach Certificate of Insurance & Paid Receipt: (Bodily Inj \$25,000; Property \$25,000; License & Permit Bond to City \$10,000)

What is the amount of your GROSS SALES/REVENUE per year (check one)?

- _____ \$0.00 to \$50,000 gross sales \$10.00 fee
- _____ \$50,001 to \$100,000 gross sales \$15.00 fee
- _____ \$100,001 to \$500,000 gross sales \$20.00 fee
- _____ Over \$500,000 gross sales \$25.00 fee

License Fee Due for Business Located **INSIDE** City Limits _____

License Fee Due for Business Located **OUTSIDE** City Limits² _____

Delinquent Penalty (5% per month or part of month beginning with November) _____

TOTAL DUE \$ _____

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid/current.**

X - Authorized Signature _____ Date: _____

Printed Name _____ Title _____

OFFICE USE ONLY

_____ Date _____
 License Clerk

¹ Contractors with one (1) or more employees are required by State Law to carry workers compensation insurance.

² Outside of City Fee is equal to the greater of 1) the fee for Inside the City, or 2) the fee charged by the city of the applicant's address. Applicant must provide proof of the cost from that city