



City of Billings, Missouri

EST. 1871

NO # _____

P.O. Box 207 202 NE US Hwy 60

Billings, MO 65610

Phone 417-744-2581

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APPLICATION FOR CONTRACTOR LICENSE

\$ 25.00 per Calendar Year

NEED COPY OF WORKMAN'S COMP OR LIABILITY INSURANCE ON FILE WITH APPLICATION (EACH YEAR)

DATE OF APPLICATION: _____ DATE OF ISSUANCE: _____

BUSINESS NAME: _____ LOCATION: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

LEGAL OWNER OF BUSINESS _____

APPLICANT NAME: _____

BUSINESS PHONE NO. _____

FAX NO: _____ CELL # or OTHER _____

TYPE OF SERVICE TO BE PERFORMED IN THE CITY _____

NAME OF CUSTOMER: _____

LOCATION OF JOB: _____

HAVE YOU EVER BEEN ISSUED A CONTRACTOR'S LICENSE BY ANOTHER MUNICIPALITY? IF YES, PLEASE LIST:

NOTE:

(1) PLEASE ALLOW THREE DAYS FOR PROCESSING.

(2) IF A CONTRACTOR'S LICENSE IS ISSUED, IT WILL BE FOR THE ABOVE SCOPE OF WORK ONLY. DEVIATION OF THIS APPLICATION WILL REQUIRE A NEW LICENSE TO BE ISSUED.

(3) ALL CONTRACTOR LICENSES EXPIRE ON **DECEMBER 31st** OF EACH CALENDAR YEAR. A CONTRACTOR WILL BE CONSIDERED **NON-LICENSED** TO WORK IN THE CITY LIMITS OF BILLINGS AFTER **JANUARY 15th** OF THE NEW YEAR.

(4) ANY FALSE INFORMATION LISTED ON THIS APPLICATION WILL RENDER IT NULL AND VOID.

REMARKS: _____

SIGNATURE OF APPLICANT _____

CITY CLERK SIGNATURE _____

ALL INFORMATION IS TO BE COMPLETED IN ORDER TO PROCESS THE APPLICATION.