

**City of Park Hills, Missouri
Application for Contractors License**

License Name: _____

License Address: _____

Legal Status of License Holder: Partnership Corporation Joint Venture Individual DBA

Applicants Name: _____ Title: _____

Applicant Address (if other than above): _____

Applicants Telephone Number: _____ Facsimile: _____

Applicants Social Security Number: _____ D.O.B.: _____

Type of Trade: _____

BACKGROUND INFORMATION

Has the applicant ever been arrested for an offense other than a minor traffic violation, served a jail or prison sentence or been placed on court probation? Yes No If Yes, please explain: _____

Has the applicant ever held another license within the City of Park Hills for any other business? Yes No If Yes, list other licenses: _____

INSURANCE CERTIFICATION

Name of Insurer: _____

Address of Insurer: _____

Contact Person: _____ Telephone: _____

Attach to this application, proof of general liability insurance in the quantity required.

Attach to this application, proof of Workers Compensation Insurance, or an affidavit, as required by Section 287.061, RSMO, signed by the applicant attesting that the contractor is exempt.

VERIFICATION AND ACKNOWLEDGMENT

I authorize the release of any information pertaining to this application. I also acknowledge that the information contained heron is true and accurate.

THE FOLLOWING STATEMENT IS ACKNOWLEDGED BY YOUR SIGNING AND DATING: I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED STATES. I DO NOT AND WILL NOT KNOWINGLY EMPLOY A PERSON WHO IS AN UNAUTHORIZED ALIEN IN CONNECTION WITH THE BUSINESS FOR WHICH THIS LICENSE HAS BEEN OBTAINED.

DATE

APPLICANTS SIGNATURE

FEE: \$25.00 (INSURANCE COVERAGE MINIMUM: GENERAL LIABILITY \$ 500,000.00)

FOR OFFICE USE ONLY

License # _____ License Year _____ Cash / Check # _____ Date _____ Zoning: _____