



Contractor's Business License Application

Type of Contractor's Business License:

- General Contractor
 Electrical
 Mechanical
 Plumbing
 Sign
 Blasting

Applicant's Company Name: _____

Company Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone _____

Applicant Name: _____

Title: _____ E-Mail _____

Signature: _____ Date: _____

1. A fee of \$50.00 shall accompany this application.
2. Electrical, Plumbing, and Blasting Contractors shall have St. Louis County License:
St. Louis County License # _____ Expires: _____
3. An original certificate of insurance shall accompany this application; this can be faxed to 314-822-5898, showing coverage as follows:
 - a. Workers Compensation (If more than one full-time employee)
(State Requirements)
 - b. General Commercial Liability, Per occurrence
(\$300,000.00)
 - c. Products/Completed Operations, Aggregate
(\$300,000.00)
 - d. The City of Kirkwood must be listed as a holder of the policy

Please provide actual signatures of all persons authorized by the above applicant to sign for permits.

Name (Print)	Relationship with Firm	Signature	Date

OFFICE USE ONLY

License Number: _____ Expiration Date: _____

License Issued by: _____ Issue Date: _____