

**CITY OF ST. ROBERT  
APPLICATION FOR CONTRACTOR LICENSE**

\*All areas must be completed or applications will be returned (Please Print)\*

NAME OF BUSINESS: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alt: \_\_\_\_\_

MAILING ADDRESS:  
Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PHYSICAL ADDRESS:  
Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**TYPE OF CONTRACTING BUSINESS (please check the appropriate box(es)):**

\*Note: If more than one box is marked, a General Contracting License will be issued.\*

|                          |             |                          |          |                          |                  |
|--------------------------|-------------|--------------------------|----------|--------------------------|------------------|
| <input type="checkbox"/> | GENERAL     | <input type="checkbox"/> | ELECTRIC | <input type="checkbox"/> | MECHANICAL       |
| <input type="checkbox"/> | PLUMBING    | <input type="checkbox"/> | DRYWALL  | <input type="checkbox"/> | FIRE SUPPRESSION |
| <input type="checkbox"/> | CONCRETE    | <input type="checkbox"/> | ASPHALT  | <input type="checkbox"/> | MASONRY          |
| <input type="checkbox"/> | REMODELING  | <input type="checkbox"/> | ROOFING  | <input type="checkbox"/> | SIDING           |
| <input type="checkbox"/> | LANDSCAPING | <input type="checkbox"/> | FENCE    | <input type="checkbox"/> | SIGNS            |

RENEWAL (fee \$5.00)

NEW APPLICANT (fee \$25.00)

Renewal applications must be received (or post marked) by January 31 for the renewal fee to apply. All other applications received (or post marked) after January 31 must pay the new application fee of \$25.00 per Section 505.020 of City Code.

CERTIFICATE OF INSURANCE

AFFIDAVIT OF EXEMPTION

**MUST PROVIDE PROOF OF INSURANCE FOR WORKERS' COMPENSATION OR  
AFFIDAVIT OF EXEMPTION.**

As the applicant for the above named company, I understand all work completed within the City of St. Robert must comply with any and all procedures, regulations, adopted codes, and/or ordinances of the City of St. Robert. It is the responsibility of the above business/applicant to insure all information, to include insurance, is up to date and correct. I further understand any work started without a building permit (when required) and/or failing to keep records up to date, will void this contractor's license.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE  
PURSUANT TO 287.061, RSMo

Before me, the undersigned authority, personally appeared ( \_\_\_\_\_ )  
*Name of Affiant*

Who, being duly sworn on this oath states as follows:

1. My name is \_\_\_\_\_. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.
2. I am the sole proprietor, owner or partner of ( \_\_\_\_\_ ),  
*Name of Business*  
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- I am a sole proprietor and have no employees.
- I am a partner in a partnership with no employees.
- I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation for ( \_\_\_\_\_ )  
*Name of Corporation*

To be withdrawn from coverage because there are no more than two owners of the corporation who are also the only employees. A copy of the Notice of Employer's Exemption \_\_\_\_\_ is attached.  
*Date*

3. I have not filed a notice to withdraw the exemption for my corporation with the Missouri Division of Workers' Compensation.
4. I understand that providing fraudulent information on this affidavit is unlawful under 287.128 and 287.061 (3), RSMo, and is punishable with up to a year in jail and a \$10,000 fine for the first offense.

\_\_\_\_\_  
*Affiant*

\_\_\_\_\_  
*Date*

STATE OF MISSOURI    )  
                                  )  
COUNTY OF            )  
                                  )  
\_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary public

(SEAL)