

CITY OF  
**Warsaw**  
Contractor License Application

Licenses are effective from date issued and will expire 1 year from that date.

Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Business:

Contractor

Fee: \$60.00

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_



\*All businesses applying for a City of Warsaw business license must be registered with the Secretary of State. **Attach verification. (Minimum fictitious name registration)**

Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ LLC/LLP/LLLP \_\_\_\_\_

Worker's Compensation Coverage - If you are a contractor in the construction industry, with one or more employees other than yourself, you are required by State Statute RSMO.287.061 to provide a certificate of insurance for workers' compensation coverage or an affidavit (Form WC-134) from Division of Workers' Compensation signed by the applicant attesting that the contractor is exempt. Exemption forms are available in City Office. Number of full/part time employees: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

(Note: You may be requested to provide your most recent employee listing registry.)

Is a certificate of insurance required? Yes \_\_\_\_ No \_\_\_\_

**If yes, please instruct your insurance carrier to forward the certificate to us. If no, Affidavit of Exemption must be completed.**

**License will NOT be issued until we receive either certificate of coverage or affidavit of exemption.**

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Warsaw tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_