



City of Neosho  
 203 E. Main  
 Neosho, MO 64850  
 417-451-8050  
 417-451-8065(fax)

New App     Renewal

Date Rec'd \_\_\_\_\_

**OFFICE USE ONLY**

**ATTACHMENTS**

Lic # \_\_\_\_\_     Work Comp. *or*    Check # \_\_\_\_\_  
 Lic Fee \_\_\_\_\_    WC-134    Cash \$ \_\_\_\_\_  
 Total Fees \_\_\_\_\_     Lic & Permit Bond    Date \_\_\_\_\_  
 Credit Card \_\_\_\_\_

**Application for Contractor's License-Beginning October 1, 2018 & Ending September 30, 2019**

**OFFICE USE ONLY**

City Finance Department Clearance \_\_\_\_\_ Date \_\_\_\_\_

Full Legal Name of Company \_\_\_\_\_

DBA \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Owner(s) of Company \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address of Owner(s) of Company \_\_\_\_\_

Company is:  Sole Proprietorship     Partnership     Corporation     Limited Liability Co     Other (describe): \_\_\_\_\_

Is this business inside the Neosho City limits?  Yes     No

Will this business make retail sales?  Yes     No

Company Federal ID # \_\_\_\_\_

Company Missouri Tax ID # (MITS) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Type of Contractor (check one) \_\_\_ General \_\_\_ Subcontractor Specialty (plumbing, electrical, etc.) \_\_\_\_\_

Attach Certificate of Insurance & Paid Receipt: (Bodily Inj \$25,000; Property \$25,000; License & Permit Bond to City \$10,000)

What is the amount of your GROSS SALES/REVENUE per year (check one)?

- \_\_\_\_\_ \$0.00 to \$50,000 gross sales                      \$10.00 fee
- \_\_\_\_\_ \$50,001 to \$100,000 gross sales                      \$15.00 fee
- \_\_\_\_\_ \$100,001 to \$500,000 gross sales                      \$20.00 fee
- \_\_\_\_\_ Over \$500,000 gross sales                      \$25.00 fee

License Fee Due for Business Located **INSIDE** City Limits \_\_\_\_\_

License Fee Due for Business Located **OUTSIDE** City Limits<sup>2</sup> \_\_\_\_\_

Delinquent Penalty (5% per month or part of month beginning with November) \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid/current.**

**X - Authorized Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ Date \_\_\_\_\_  
 License Clerk

<sup>1</sup> Contractors with one (1) or more employees are required by State Law to carry workers compensation insurance.

<sup>2</sup> Outside of City Fee is equal to the greater of 1) the fee for Inside the City, or 2) the fee charged by the city of the applicant's address. Applicant must provide proof of the cost from that city