

All contractors and sub contractors performing work or services within the City of St. Louis are required to obtain a graduated business license for contractors pursuant to Ordinance 61094 (Section 8.12A of the Revised City Code - 1992). The license fee is based upon the number of employees that a contractor and subcontractor has employed. To determine the number of employees to be reported, count the number of full time equivalent employees (including owner, partners and officers) in the previous calendar year who have worked within the City of St. Louis. St. Louis employee means an individual person performing work for remuneration who is employed for (1920) hours or more in any calendar year. A full time equivalent means each group of two (2) or more part-time employees who in the aggregate are employed by the same employer for (1920) hours in any calendar year. Contractors and subcontractors located outside the city limits of St. Louis should use the full-time equivalent definition to determine the license fee. The minimum license fee is \$150.00 regardless of the number of part-time employees. All contractors and subcontractors are subject to the Workers' Compensation, Missouri Revised Statutes, 1994, Chapter 287,, and must submit verification of compliance before a license is issued.

LICENSE COLLECTOR - CITY OF ST. LOUIS- CONTRACTOR APPLICATION

Note A check of Local, State and Federal records will be made. Licensing as a Contractor to do work in the City of St. Louis is contingent on past and future non-fraudulent fulfillment of contractual obligations. Licensing may be cancelled or rescheduled for cause at any time by the License Collector.

I, the undersigned, hereby apply for licensing as a Contractor to do work in the City of St. Louis.

Company Name: _____
Permanent Address: _____
Permanent Phone: ____ (____) _____
In Business since: _____ Registered in State _____
Principal Officer: _____
Permanent Address: _____ Phone: ____ (____) _____
City: _____ State: _____ Zip: _____
Driver's License: State: _____ Number: _____
Social Security #: _____ Birth By Date: _____
Height: _____ Weight: _____ Eye Color: _____ Sex: _____
Hair Color: _____ Race: _____ Expiration Date: _____

Name of person who will be directly supervising work:

Local Address: _____ Zip: _____

Local Phone: ____ (____) _____

Vehicles to be used:

Type: _____	License #: _____	State: _____
Type: _____	License #: _____	State: _____
Type: _____	License #: _____	State: _____
Type: _____	License #: _____	State: _____

References of past performance are optional but may not be of significant assistance in expediting processing of the application.

Name: _____ Phone#: ____ (____) _____

Name: _____ Phone#: ____ (____) _____

Name: _____ Phone#: ____ (____) _____

Applicant Name: _____ (print legibly)

Applicant Signature: _____

Local Address: _____

Local Phone: ____ (____) _____ Application Date: _____