



City of Pevely

401 Main Street Pevely, Missouri 63070

Contractor License Application Information

- The license period is January 1st, 2021 – December 31st, 2021.
- If you are applying during the calendar year, your license will expire on December 31st, 2021.
- **Applications must be completed in full and signed with full payment before the license can be issued.**
- If you have any questions when completing your application, please reach out to Linda Miles, Deputy City Clerk during her office hours. She can be reached Monday – Friday, 8:00 AM – 4:00 PM, by phone at 636-475-4452 ext. 101.
- Processing may take up to 10 business days. Please keep your receipt as proof until the license has been received at the given mailing address via USPS.

Items Needed for Complete Application

- ☐ Certificate of Liability Insurance
- ☐ Certificate of Worker's Compensation Insurance (If Applicable)
- ☐ License Fee of \$50.00



City of Pevely

401 Main Street Pevely, Missouri 63070

2021 Application for Contractor License

License Fee: \$50.00

License Number: _____

Date: _____

Company Name: _____ Owner's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Company Tax ID Number: _____ Number of Employees: _____

Address Where Contracted Work Will Be Done: _____

Type of Contractor:

☐ General ☐ Framing ☐ Plumbing ☐ Electrical ☐ Drywall ☐ Roofing ☐ Masonry

☐ Concrete ☐ Excavator ☐ Lawn Care ☐ Painting ☐ Siding ☐ Other: _____

Worker's Compensation Insurance Law:

All Construction Contractors MUST Carry Worker's Compensation Insurance.

To be exempt from the Worker's Compensation Insurance requirements, the following must apply:

1. You are a contractor and have less than (5) five employees
2. You are a contractor and do not have employees working for you, other than yourself

If the terms of these requirements are not met, you must present a certificate of Worker's Compensation Insurance prior to receiving a Contractor's License from the City of Pevely.

Statement of Exemption:

I, _____, owner/operator hereby certify that the aforementioned business is exempt from the worker's compensation requirements for the following reason:

_____ I am a contractor and have less than (5) five employees

_____ I am a contractor and do not have employees working for me, other than myself.

I hereby certify that the entirety of this application and all documents accompanied are true and correct to the best of my knowledge. By signing below, I understand that should anything be incorrect, I am responsible for notifying the City of Pevely and providing corrections as needed.

Signature

Date

Title

Office Use Only

Received By: _____ Date: _____ Amount Paid: _____

636-475-4452

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636-475-4116 (fax)

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www.cityofpevely.net