



**City of Lake Ozark**

P.O. Box 370  
Lake Ozark, MO 65049  
(573) 365-5378  
(573) 365-4515 Fax

Lic. # \_\_\_\_\_

**CONTRACTOR LICENSE APPLICATION**

*(Chapter 606; City of Lake Ozark Municipal Code)  
(RSMo.287.061)*

***\*Incomplete applications will not be processed\****

***Application Fee: \$50.00***

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

NAME OF APPLICANT: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

*(If different from above)*

City, State, Zip: \_\_\_\_\_

**TYPE OF CONTRACTING BUSINESS**

GENERAL	ASPHALT	FIRE PROTECTION/SUPPRESSION
ELECTRICAL	MASONRY	SIDING
PLUMBING	DRYWALL	SIGN INSTALLATION
MECHANICAL	ROOFING	EXCAVATION/LANDSCAPING
CONCRETE	FENCE	OTHER _____

CERTIFICATE OF INSURANCE

AFFIDAVIT OF EXEMPTION

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

Number of years in trade as a contractor in the State of Missouri: \_\_\_\_\_

Apprenticeship Program, Journeyman, Master License: ( Y ) ( N ) (Provide Copies of Certifications)

Contractor's License(s) held in other Jurisdictions: (List) \_\_\_\_\_

***\*ALL CONTRACTORS' LICENSE(S) EXPIRE JUNE 30<sup>TH</sup> ANNUALLY. (Section 606.040, LOMC)\****

I, as the applicant, can attest that the above information is true to the best of my knowledge. I understand that all work performed within the City of Lake Ozark will comply with all regulations, ordinances, and adopted codes of the City of Lake Ozark. I further understand that starting work without a building permit or contractor license and or failing to keep current insurance will void my license and may subject me to any penalty fees or fines as outlined in the Municipal Regulations of the City of Lake Ozark.

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