

**GENERAL CONTRACTOR
LICENSE APPLICATION
CITY OF LAKE WINNEBAGO, MISSOURI
10 WINNEBAGO DRIVE
LAKE WINNEBAGO, MO 64034
816-537-6778 OFFICE 816-366-0089 FAX**

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

PERSON IN CHARGE: _____

EMAIL: _____

PHONE: _____

OWNERSHIP:

INDIVIDUAL _____ **PARTNERSHIP** _____ **CORPORATION** _____

A certificate of insurance for proof of workers' compensation coverage or an affidavit signed by applicant attesting that the contractor is exempt from requirements of the Workers' Compensation Law, Chapter 287, RSMo, 1994, as amended, is required before a license will be issued.

The fee is \$200.00 per calendar year.

I certify that the information given in this application is true to the best of my knowledge and belief. I understand that the City of Lake Winnebago may request me to furnish additional information, and I am aware of the penalties for giving false information on this application.

SIGNED: _____

TITLE: _____

APPROVED BY:

CITY/DEPUTY CLERK

DATE: _____