



City of Lake Waukomis

1147 NW South Shore Drive
Lake Waukomis, MO 64151

Telephone 816-741-2079
FAX 816-741-3791

BUSINESS/CONTRACTOR LICENSE APPLICATION

Business Name: _____

Business Address: _____

City, State, Zip code: _____

SS# OR FEIN #: _____

Description of Business: _____

Web Address: _____ Email: _____

Business Phone: _____ Business Fax: _____

24 Hour Emergency Contact Number: _____

Mailing Address: _____

Owners Name: _____

Address: _____ City, ST. Zip: _____

Missouri Sales Tax No.: _____

Note: *Businesses doing construction must provide a Workmen's Compensation Certificate. Businesses must also supply a certificate of Insurance for general liability in the amount of at least \$500,000. All insurance coverage must be written licensed or approved by the State of MISSOURI to do business in MISSOURI. The City of Lake Waukomis must be the certificate holder.*

Note: Electrical, Plumbing, or Mechanical contracting businesses must provide proof of passing a proficiency test dated 2003 or newer with a passing score of 75% or better or hold a Certificate of Qualification to work at the master level from the City of Kansas City, Missouri or from Johnson County for the trade for which the application is being made. Submit a copy of the certification with the application.

Business License Fee:

Annual and Renewal License Fee: \$75.00

Renewal fee for half a year (July – December): \$37.50

Annual and Renewal of General Contractor Blanket License: \$250.00

(If you are a general contractor and have sub-contractors, paying this fee would cover them under your business license.)

Renewal Fees are due by January 1ST and will be delinquent by January 31st and subject to a 10% penalty plus additional 1% per month thereafter.

For all contractors who first perform services or provide products during the year, the License shall be obtained and paid at least 5 business days prior to performing any activities in the City and shall pay late fees as set forth above from such date.

Fees can be paid via Check, Credit Card (CC Fee will be charged), or Cash.

Signed statement: I hereby certify that all statements herein are true. I understand all requirements stated above.

Signature: _____ Date: _____

**** If you claim that the company is exempt from state’s requirement for worker’s compensation, please sign the affidavit statement below and state the basis upon which you claim the company is exempt.**

The company is exempt because: _____

THE STATEMENTS ARE REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Signature: _____ Date: _____

Position in the company: _____

For City Use Only

Class Code: _____ License Issued Y or N (circle one)

Date Paid: _____ Payment via CC, CHK, Cash (circle One)

Approved by: _____