



**CONTRACTOR'S BUSINESS LICENSE APPLICATION**  
 139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5823 | Fax (314) 822-5898

To submit your application and Certificates of Liability and Worker's Comp (if applicable) Insurance with the City of Kirkwood as a holder via email, please visit our webpage – [www.kirkwoodmo.org](http://www.kirkwoodmo.org) – for a list of current email addresses. The \$50 annual renewal fee can be paid by mail or in-person, Monday – Friday 8 am – 5 pm.

**Type of Contractor's Business License:**

- General Contractor     Electrical     Mechanical     Plumbing     Sign     Blasting

**Applicant's Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. A fee of \$50.00 shall accompany this application.
2. **Electrical, Plumbing, and Blasting Contractors shall have St. Louis County License:**  
 St. Louis County License #: \_\_\_\_\_ Expires: \_\_\_\_\_
3. An original certificate of insurance shall accompany this application; this can be faxed or emailed, showing coverage as follows:
  - a. **Workers Compensation (If more than one full-time employee)**  
 (State Requirements)
  - b. **General Commercial Liability, Per occurrence**  
 (\$300,000.00)
  - c. **Products/Completed Operations, Aggregate**  
 (\$300,000.00)
  - d. The City of Kirkwood must be listed as a holder of the policy

**Please provide names of all persons authorized by the above applicant to sign for permits.**

Name ( <i>Print</i> )	Name ( <i>Print</i> )

*City Use Only*

*Date Stamp*

License #: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Issued By: \_\_\_\_\_