

# APPLICATION FOR CONTRACTOR'S LICENSE

City of Herculaneum, Missouri

#1 Parkwood Court, Herculaneum, Mo. 63048

Phone: 636-475-4447 & Fax: 636-475-6191 Email: pfriedmeyer@cityofherculaneum.org

New Application:

Renewal:

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ # Employees: \_\_\_\_\_

Plumbers-Electricians-Mechanicals must have a license in one of these areas: Jefferson

County, St. Louis County or City, St. Peters or St. Charles: Number(s) \_\_\_\_\_

Owner/Employer's Name: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

U.S. Citizen: Yes (  ) No (  ) Naturalized Citizen (  ) \_\_\_\_\_

General Description of Sales and/or Service at this location: \_\_\_\_\_

Please list any possible hazards such as chemicals stored, animals on premises or irregular hours: \_\_\_\_\_

Name of person who owns the property if you are renting: \_\_\_\_\_

## Certificate of Worker's Compensation Insurance:

This is to certify that the Employer named above  is  is not required to purchase Workers' Compensation Insurance under Chapter 287 RSMo. 1966 as amended.

If such Employer named above is required to cover his liability under Chapter 287 RSMo. Then such coverage has been:

Issued  Renewed  Canceled

Sole Proprietor  Partnership  Corporation

Carrier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

License Fee: **\$100.00**

Nov. 01, 20XX to Oct. 31, 20XX

Note: The Affidavit needs to be notarized (1) stating that your Company does not/and will not employ any illegal aliens (2) Your company does not owe Sales Tax to the State of Missouri.

Due to a recent Ordinance Change, Herculaneum requires your Company to submit **Licensing Number(s) of your profession** showing that your Company is licensed in one of these following areas: Jefferson County, St. Louis County or City, St. Peters or St. Charles before your Company may do work in our Township. Thank you for your cooperation.

# **AFFIDAVIT**

Pursuant to the requirements of House Bill No. 1549 of the State of Missouri, and further pursuant to the requirements of Sections 67.0307, 285.530, 285.535 and 285.550 of the Revised Statutes of Missouri, the undersigned business hereby affirms that it **does not employ illegal immigrants.**

The undersigned further acknowledges that if the City receives notice from either a court or the Attorney General's Office or determines that a business has violated Section 285 of the Revised Statutes of Missouri, that the City is required to suspend the business license within fifteen (15) days of receiving such notification. **Self-employed individuals with no employees are excluded from this law.**

\_\_\_\_\_  
Name of Business

By: \_\_\_\_\_  
Signature

The legislature enacted Senate Bill 30 providing for the following requirement for local licenses:

Section **114.083.2 RSMo**, "The possession of a retail sales license and **a statement from the Department of Revenue that the licensee owes no tax due under sections 144.010 to 144.510 or sections 143.919 to 143.261, RSMo** shall be prerequisite to the issuance of renewal of any City or County occupation license, which is required for conducting any business where goods are sold or retail." This is effective **January 01, 2009**

The undersigned Herculaneum City licensed business hereby affirms that they **owe no sales tax** to the Missouri Department of Revenue due to retail sales. The undersigned further acknowledges that if the City receives notice from either a court or the Attorney General's Office or determines that a business has violated the above sections of the Revised Statutes of Missouri, that the City is required to suspend the business license upon receiving such notification.

\_\_\_\_\_  
Name of Business

By: \_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

