

City of Washington Contractor Business License Application

405 Jefferson Street Washington, MO 63090

(636) 390-1048 or (636) 390-1090 & Fax (636) 390-1068

Email: shellebusch@ci.washington.mo.us

Annual License: July 1, 2016-June 30, 2017

½ year license: July 1, -December 31, 2016 or January 1, -June 30, 2017

Business Name: _____

Corporate Name (If applicable): _____

Owner's name/Licensee: _____

Business Address: _____

Owner's Home Address: _____

Mailing Address: _____

E-mail Address: _____

Business Phone: _____ Alt. Phone: _____ Fax: _____

Please list one of the following:

State Tax ID# _____ Federal Tax ID# _____ SSN _____

Type of business: _____

Requirements: (you *MUST* have all of the following before the license will be issued)

1. Must have all City of Washington bills (utilities, miscellaneous invoices) paid.
2. Approved Commercial Certificate of Occupancy (**If occupying a location within the City Limits**).
3. Paid copy of personal property and real estate tax receipts for the business from the previous year from Franklin County, MO.
4. Proof of worker's comp insurance for contractors with employees (RSMo 287.061)



Fees: See below for base amounts for Annual License

(For ½ year license, the fee is ½ the base amount).

Base amount plus fee for each employee (Excluding self, owners, partners, etc.)

Full Year License: \$60.00 plus \$2.00 per employee that will be on the job site.

½ Year License: \$30.00 plus \$2.00 per employee that will be on the job site.

Number of employees: _____ Estimated License Fee: _____

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Washington, MO tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ Date: _____

We accept cash or check for payment. Make checks payable to: City of Washington