



City of Neosho
 203 E. Main
 Neosho, MO 64850
 417-451-8050
 417-451-8065(fax)

New App Renewal

Date Rec'd _____

OFFICE USE ONLY

ATTACHMENTS

Lic # _____	<input type="checkbox"/> Work Comp. <i>or</i>	Check # _____
Lic Fee _____	WC-134	Cash \$ _____
Delinq Fee _____	<input type="checkbox"/> Liability Ins.	Credit Card _____
Total Fees _____	<input type="checkbox"/> Lic & Permit Bond	License Delivered _____
		Date _____

Application for Contractor's License-Beginning October 1, 2023 & Ending September 30, 2024

OFFICE USE ONLY

City Finance Department Clearance _____ Date _____

Full Legal Name of Company _____

DBA _____

Business Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Name of Owner(s) of Company _____

Address of Owner(s) of Company _____

Company is: Sole Proprietorship Partnership Corporation Limited Liability Co Other (describe): _____

Company Federal ID # _____ Do you have individuals that you give a 1099? Yes No

Does your business wish to be included in City of Neosho bid list? Yes No If yes specialty _____

Business Phone _____ Home/Cell Phone _____

E-Mail _____

Specialty (plumbing, electrical, etc.-- if not listed above) _____

Insurances & Bond: (Bodily Inj \$25,000; Property \$25,000; Work Comp or WC-134; License & Permit Bond to City \$10,000)

What is the amount of your GROSS SALES/REVENUE per year (check one)?

- | | | |
|--|-------------|-----------------|
| _____ \$0.00 to \$50,000 gross sales | \$20.00 fee | _____ |
| _____ \$50,001 to \$100,000 gross sales | \$30.00 fee | _____ |
| _____ \$100,001 to \$500,000 gross sales | \$40.00 fee | _____ |
| _____ Over \$500,000 gross sales | \$50.00 fee | _____ |
| License Fee Due for Business Located INSIDE City Limits | | _____ |
| License Fee Due for Business Located OUTSIDE City Limits ² | | _____ |
| Delinquent Penalty (5% per month or part of month beginning with November) | | _____ |
| TOTAL DUE | | \$ _____ |

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid/current.**

X - Authorized Signature _____ Date: _____

Printed Name _____ Title _____

OFFICE USE ONLY

_____ Date _____
 License Clerk

¹ Contractors with one (1) or more employees are required by State Law to carry workers compensation insurance.

² Outside of City Fee is equal to the greater of 1) the fee for Inside the City, or 2) the fee charged by the city of the applicant's address. Applicant must provide proof of the cost from that city