



**800 Cap Au Gris
Troy MO 63379
636-528-1254
Fax 636-462-1613**

**Application / Renewal for Contractor's License
Fee \$ 15.00**

Date _____

Company _____

Address _____

City, Street, Zip _____

Business Phone Number _____

Contractor Type:

Gen. Contractor	_____	Concrete	_____	Elevator	_____
Drywall	_____	Electrical	_____	Excavation	_____
Exterior Finish	_____	Fire Safety	_____	HVAC	_____
Insulation	_____	Landscaping	_____	Masonry	_____
Paving	_____	Plumbing	_____		
Roofing	_____	Underground Utilities	_____		

Insurance **General Liability #** _____

Workers Compensation # _____

Owner / Manager Name _____

Address _____

City, Street, Zip _____

Phone # _____ Cellular # _____

E-Mail: _____

I certify that all statements made in this application are to the best of my knowledge correct. Should any of the statements be subsequently proved inaccurate, I understand the City of Troy, MO may suspend or revoke my Occupational License.

Signature: _____