



**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: \_\_\_\_\_