

City of Oronogo Occupation License Application

Construction Industry

Date: _____

Business Name: _____

Proprietorship Partnership _____ LLC _____ Corporation _____

Owner/President's Name: _____

Business Address: _____

Mailing Address: (If different) _____

Business Phone #: _____ **Fax#:** _____

Emergency Phone #: _____

Email Address for renewal notifications: _____

Federal Tax Identification Number: _____ **MO Sales Tax #** _____

Type of Occupation: _____
(Only One Type of Occupation Per Application)

Insured: Yes _____ No _____ **If yes with whom:** _____

Work Comp Ins: Yes _____ No _____ **If yes with whom:** _____
(Please attach proof)

Note: RsMO 287.040. Liability of employer — contractors, subcontractors.
— 1. Any person who has work done under contract on or about his premises which is an operation of the usual business which he there carries on shall be deemed an employer and shall be liable under this chapter to such contractor, his subcontractors, and their employees, when injured or killed on or about the premises of the employer while doing work which is in the usual course of his business.

Number of Employees: (If applicable) Full Time: _____ Part Time: _____

Personal Information of Applicant

Name: _____

Address: _____

City, _____ **State,** _____ **Zip** _____ **Code:** _____

Home Phone #: _____ **CellPhone #:** _____

Under Oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal Law to work in the United States (Refer to Missouri HB 1549).

I, the undersigned certify that the above information is true and accurate.

Signature of Applicant: _____

Office Use Only

Identification Used: (i.e. Drivers License) _____

Expiration Date of Identification Document: _____

Work Comp Certificate attached: _____

Exemption Certificate Attached (if applicable): _____

General Liability Attached (Excavator or Dirt Movers): _____

License Number: _____

Date Paid: _____ **Amount Paid:** _____

Approved By: _____
(Signature of City Clerk)