



## CONTRACTOR'S LICENSE APPLICATION FOR YEAR ENDING MARCH 31, 2025

Contractor Type:  Builder  Communications  Demolition  Electrician  
 (Please choose only one.)  Excavation  General  Irrigation  Mechanical  
 Plumber  Pool/Spa  Sign  Retaining Wall  
 Other \_\_\_\_\_

Name of Business: \_\_\_\_\_  
 Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_

Address: \_\_\_\_\_  
 (street) (city) (state) (zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

\*Email \_\_\_\_\_

**\* Email address is required: future permit communications sent by email.**

Contacts: \_\_\_\_\_  
 (Name) Owner / President (Title: Please Circle) (Office / Cell No.)  
 \_\_\_\_\_  
 (Name) (Title) (Office / Cell No.)

St. Louis County License (if applicable): \_\_\_\_\_  
 (Type) (Number) (Expiration)

This form constitutes an application for a Contractor's License to work in the City of Ballwin for the license year April 1 through March 31. The undersigned hereby certifies that this business  is  is not required, under the terms of the Missouri Workers' Compensation Act, to maintain workers' compensation insurance for its employees.

**A COPY OF YOUR COVERAGE OR AFFIDAVIT OF EXEMPTION MUST ACCOMPANY APPLICATION.**

\_\_\_\_\_  
 Signature Title

Pro-Rated License Fees  
*If you obtain your contractor's license in:*  
 April 1-Jun 30 \$50.00  
 July 1-Sept 30 \$37.50  
 Oct 1-Dec 31 \$25.00  
 Jan 1-Mar 31 \$12.50