City of Herculaneum, Missouri

#1 Parkwood Court, Herculaneum, Mo. 63048
Phone: (636) 475-4447 Fax: (636) 475-6191
Email: cityofherky@cityofherculaneum.org

Fax

To: **Fax:**

ATTN: **Phone:**

From: Pamela Gross **Pages:** ( ) page(s) includes top fax sheet

Public Works Assistant

Re: Contractor's License application **Date:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** YOU MAY FAX A COPY OF ALL THE REQUESTED BACK TO ME ASAP, and I will start the process for your Contractor License.

I am faxing you a copy of a Contractor's License application. We require a **front sheet copy of your workers comp insurance (certificate) if your company is required to carry it** and **a front sheet copy of your certificate of liability insurance.** Please make sure the application is filled out completely and signed. You may fax it back if you wish, so I can run a Better Business Bureau check, of which I am required to do before issuance of said license. The license requires a **$100.00 yearly fee**. License run from **Nov. 01, 20XX to October 31, 20XX** of the following year. If you are in need of any further assistance, please contact me as soon as possible. **Your license will run from the time you submit and pay for your license to the following Oct. 31, 20 .**

The State of Missouri also requires Herculaneum to request **an affidavit signed & notarized from your company stating that you do not and will not employee illegal aliens, the affidavit also states that your company owes NO SALES TAX DUE TO THE STATE OF MISSOURI, or you may acquire a certificate of NO SALES TAX DUE from the State of Missouri by calling (573) 751-9268**

If you wish to do work in our City after October 31, 20____, you will need to renew your Contractor's License.

Building & Code Official Note: for Flat work that there is no need for a Permit Application. However, you wish to construct or build and you're not sure whether you need a permit or not, please contact us and we will let you know if one is required. Thank you for your cooperation in this matter.

Respectfully Submitted,

Pam Gross/Public Works Assistant

636-475-4447 or 4448 ext. 114

For: Dodie Graves, Bldg. & Code Enforcement

APPLICATION FOR CONTRACTOR'S LICENSE

New Application: ☐
Renewal: ☐

City of Herculaneum, Missouri
#1 Parkwood Court, Herculaneum, Mo. 63048
Phone: 636-475-4447 & Fax: 636-475-6191 Email: cityofherky@cityofherculaneum.org

Date: _____ **Business Name:** _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ **Tax ID #:** _____ **# Employees:** _____

Plumbers-Electricians-Mechanicals must have a license in one of these areas: Jefferson County, St. Louis County or City, St. Peters or St. Charles: Number(s)_____

Owner/Employer's Name: _____ **Drivers Lic:** _____

Home Address: _____ **Home Phone:** _____

U.S. Citizen: Yes ( ) No ( ) Naturalized Citizen ( ) _____

General Description of Sales and/or Service at this location: _____

_____

_____

Please list any possible hazards such as chemicals stored, animals on premises or irregular hours:_____

_____

Name of person who owns the property if you are renting:_____

Certificate of Worker's Compensation Insurance:

This is to certify that the Employer named above ☐ is ☐ is not required to purchase Workers' Compensation Insurance under Chapter 287 RSMo. 1966 as amended.

If such Employer named above is required to cover his liability under Chapter 287 RSMo. Then such coverage has been:

Issued ☐ **Renewed** ☐ **Canceled** ☐

Sole Proprietor ☐ **Partnership** ☐ **Corporation** ☐

Carrier's Name: _____

Address: _____

Policy #: _____ **Effective Date:** _____ **Expires:** _____

Signature of Applicant: _____

License Fee: $100.00 **Nov. 01, 20XX to Oct. 31, 20XX**

Note: The Affidavit needs to be notarized (1) stating that your Company does not/and will not employee any illegal aliens (2) Your company does not owe Sales Tax to the State of Missouri.
Due to a recent Ordinance Change, Herculaneum requires your Company to submit Licensing Number(s) of your profession showing that your Company is licensed in one of these following areas: Jefferson County, St. Louis County or City, St. Peters or St. Charles before your Company may do work in our Township. Thank you for your cooperation.

AFFIDAVIT

Pursuant to the requirements of House Bill No. 1549 of the State of Missouri, and further pursuant to the requirements of Sections 67.0307, 285.530, 285.535and 285.550 of the Revised Statues of Missouri, the undersigned business hereby affirms that it **does not employ illegal immigrants**.

The undersigned further acknowledges that if the City receives notice from either a court or the Attorney General's Office or determines that a business has violated Section 285 of the Revised Statues of Missouri, that the City is required to suspend the business license within fifteen (15) days of receiving such notification. **Self-employed individuals with no employees are excluded from this law**.

_____
Name of Business

By: _____
Signature

The legislature enacted Senate Bill 30 providing for the following requirement for local licenses:

> Section 114.083.2 RSMo, "The possession of a retail sales license and **a statement from the Department of Revenue that the licensee owes no tax due under sections 144.010 to 144.510 or sections 143.919 to 143.261, RSMo** shall be prerequisite to the issuance of renewal of any City or County occupation license, which is required for conducting any business where good are sold or retail." This is effective January 01, 2009

The undersigned Herculaneum City licensed business hereby affirms that they **owe no sales tax** to the Missouri Department of Revenue due to retail sales. The undersigned further acknowledges that if the City receives notice from either a court or the Attorney General's Office or determines that a business has violated the above sections of the Revised Statues of Missouri, that the City is required to suspend the business license upon receiving such notification.

_____
Name of Business

By: _____
Signature

Subscribed and sworn to before me this _____day of _____, 20 _____.

_____
Notary Public

My Commission Expires:

_____