



**CITY OF LEBANON
BUILDING TRADE OCCUPATIONAL
REGISTRATION APPLICATION**

Name of Business/Individual:

Location of Business:

Mailing Address:

Phone Number:

E-mail Address:

Please note: Your Contractor Registration Form will be sent to you via your e-mail address.

TYPE OF BUSINESS:

☐

Electric Contractor

☐

Plumbing Contractor

☐

HVAC Contractor

☐

General Contractor

☐

Dirt Contractor

☐

Concrete Contractor

☐

Roofing Contractor

☐

Framing Contractor

Other (if not listed above)

Is the location of your business inside the city limits? No: ☐ Yes: ☐

REGISTRATION IS VALID JANUARY 1st TO DECEMBER 31st.

REGISTRATION FEE IS \$25.00 PER YEAR

PROOF OF WORKER'S COMPENSATION:

☐

Certificate of Insurance

☐

Affidavit, signed by applicant attesting to exemption

PROOF THAT ALL TAXES OR FINANCIAL OBLIGATIONS DUE THE CITY ARE

PAID IF DELINQUENT: Submit a copy of the tax statement stamped paid by the County Collector.

The City of Lebanon shall not be responsible for the nature and/or quality of any work performed by licensee.

Date of Application:

NAME:

SIGNATURE:

OCCUPATIONAL REGISTRATION

Name of Business/Individual:

Address:

TYPE OF BUSINESS:

☐ Electric Contractor ☐ Plumbing Contractor

☐ HVAC Contractor

☐ General Contractor

☐ Dirt Contractor

☐ Concrete Contractor

☐ Roofing Contractor

☐ Framing Contractor

Other (if not listed above)

Reason for Non-Coverage

☐ Construction industry contractor and has no employees

☐ Construction Corporation with no more than 2 owners and no other employees.

Under 287.128.3, RS Mo, the penalty for any employer failing to insure his liability pursuant to Chapter 287, RS Mo, shall be an amount equal to twice the annual premium the employer would have paid had such employer been insured, or \$25,000, whichever amount is greater. The Division, City or County makes no determination, certifies or releases the employer from any liability with this form as to the above employer's compliance in insuring this liability pursuant to Chapter 287, RS Mo.

I swear that information is true under penalty of perjury. I am the person of interest and the information and exhibits herewith are true and correct.

Date of Application:

NAME:

SIGNATURE:

NOTE: If you do not have Workman's Comp Insurance you are the only person that can do the work sign off on the work and pick up the meter base.