



City of Lebanon Contractor Registration Application

Name of Business/Individual: _____

Location of Business: _____

Mailing Address: _____

Phone Number: _____ Date: _____ E-mail Address: _____

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

TYPE OF BUSINESS: _____ Framing Contractor _____ Mowing
_____ Concrete Contractor _____ General Contractor _____ Plumbing Contractor
_____ Dirt Contractor _____ HVAC Contractor _____ Roofing Contractor
_____ Electric Contractor
Other (if not listed above) _____

Location for where the work is being done: _____

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.

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

Date of Application: _____

NAME: _____ Email: _____

SIGNATURE: _____

Non-Coverage Verification Form for Contractor Registration Permit Application

Name of Business/Individual: _____

Location of Business: _____

Mailing Address: _____

Phone Number: _____ Date: _____ E-mail Address: _____

Concrete Contractor Framing Contractor Mowing
 Dirt Contractor General Contractor Plumbing Contractor
 Electric Contractor HVAC Contractor Roofing Contractor

Other (if not listed above) _____

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

Location of where the work is being done: _____

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, RSMo, the penalty for any employer failing to insure his liability pursuant to Chapter 287, RSMo, 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, RSMo.

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: _____ Email: _____

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.

Every person working as a contractor in the city shall be responsible for familiarizing himself with this Code, all codes adopted by this chapter and all other ordinances of the city pertinent to his operations, and shall obtain the proper permits, as required in this chapter.