

City of Webb City * PO Box 30 * 200 S. Main Street * Webb City, MO 64870

Office of Administration 417-673-4651 / Fax 417-673-8228

Application for Contractor License

Business Name:		
Business Address:		
(St	(Street Address)	
(City)	(State)	(Zip)
Mailing Address (If different from		
	(Street Ac	ddress) (Suite Number)
(City)	(State)	(Zip)
Phone Number:	Cell Number:	
Fax Number:		
Owner's Name:		
Owner's Address (If different fro		(A.11)
	(Stree	et Address)
(City)	(State)	(Zip)
Type of Contractor:		
License Fee:		
Signature		Date
	OFFICIAL OFFICE USE ON	LY
Application		
Payment – Based on type	of License issued	
General Liability Insuran	ce (\$100,000.00 Minimum)	
Workman's Compensation	n Insurance / Waiver	
Surety Bond (\$1000.00 to	City of Webb City)	
License Issued #	_	

Procedure for Contractor's License

Before any bids are awarded or any contractor does any work for the City, the company must have a city license. To obtain a city license I have to have a copy of their liability insurance and workmen's compensation, they will also have to present an original surety bond in the amount of \$1,000 made to the City of Webb City. Specific information is noted below...

Every person desiring to obtain a contractor's license such as is required by this article to engage in contracting work in this city shall make application to the city according to the following procedure:

- (a) Present to the city clerk an application, upon a form prescribed and approved by the city for a contractor's license;
- (b) Tender to the city clerk, the application and the license fee in the amount as set forth.
- (c) In conjunction with his application, and before the application shall be acted upon, submit to the City Clerk proof of having obtained comprehensive general contractor's bodily injury liability insurance providing for a limit of not less than one hundred thousand dollars (\$100,000.00) for all damages arising out of bodily injuries to or for the death of one (1) person, and subject to that limit for each person, a total limit of three hundred thousand dollars (\$300,000.00) for all damages arising out of bodily injuries to or death of two (2) or more persons in any one (1) accident, and comprehensive general contractor's property damage liability insurance providing for a limit of not less than fifty thousand dollars (\$50,000.00) for all damages arising out of injury to or destruction of property in any one (1) accident, and subject to that limit per accident, a total or aggregate limit of three hundred thousand dollars (\$300,000.00) for all damages arising out of injury to or destruction of property during the policy period. This insurance must cover below-grade damage and be in full force during the entire construction process; and further be with a company approved by the city; and such insurance shall cover the licensee and all employees of the licensee who may perform work with the city under the provisions of this article;
- (d) No license shall be issued until the contractor shall have filed with the city a surety bond in the amount of one thousand dollars (\$1,000) conditioned that he will observe the provisions of this Code and all other ordinances of the city and pay all taxes, licenses, fees and fines, penalties and forfeitures that may be adjudged against him under ordinances of the city
- (e) Each contractor must provide a copy of their Worker's Compensation Insurance, or fill out the Missouri Affidavit of Exemption. The Exemption Form must also be notarized.
- (f) Failure to comply with any of the requirements of this section at any time during the term of the license shall result in immediate forfeiture of such license.

License Fees

General Contractor	\$100.00
Electrical Contractor	50.00 (MUST have a Master Electrician with Test Scores on file with city)
Plumbing Contractor	50.00
Insulating Contractor	25.00
Roofing Contractor	25.00
Siding Contractor	25.00
Painting Contractor	25.00
Masonry Contractor	25.00
Landscaping Contractor	25.00
Tree Trimming Contractor	25.00
Heat/Air Conditioning Contractor	50.00
Paving Contractor	75.00
All Other Contractors	50.00



Office of Community Development • 417-673-1154 • Fax – 417-673-2856 • ebraker@webbcity.org

Dear Webb City Business Owner,

Thank you so much for your continued dedication to our community by choosing Webb City as the location for your business. In an effort to improve our business retention program, we are asking for a little more detailed contact information from our business license holders.

By providing us with your most current contact information, we are able to provide many different benefits to our Webb City companies. Other than being able to contact you in the most efficient ways possible, we will now be able to share important information, events and updates about your business on our social media outlets. (All social media outlets will also be linked to our new website that is scheduled to be revealed in late November).

In addition to making sure that all of your basic business license information is correct, we ask that you please provide us with the additional information requested below:

Main contact email address:					
Company website address:					
Company website address:					
Company Facebook address	:				
Any other social media presence (circle all that apply):					
	Instagram	Snapchat	Twitter		

Thank you very much for your assistance in this matter. Your company is just another reason why "We Love it Here" in Webb City, Missouri.

Sincerely,

Erin B. Turner

Office of Community Development

Webb City Area Chamber of Commerce

P.O. Box 287, Webb City, MO 64870
Telephone: 417-673-1154 Fax: 417-673-2856
Kyle Hickam, President
Gwen Allen, Director of Membership
LeeAnn Crider, Administrative Assistant
www.webbcitychamber.com

2017 Membership Application

Membership effective through the calendar year -December 31, 2017

Date Application Completed	l	
Who referred you to the Cha	amber?	
Business Name		
Published Address		
Mailing Address		
Contact Person	Telephone	
E-mail	<u> Fax</u>	
Website		
Investment Category & # of	Employees	
What do you hope to get out	of your Chamber investment?	
Are you interested in serving	g as a volunteer on a Chamber committee? Yes	□ No
Main Reason for joining the		
☐ Networking ☐ Advert	ising & Marketing Web Presence	
☐ I am interested in having	g a ribbon cutting	
Employee contacts e-mails fo	or announcements:	
Name	E-mail	
	E-mail	
Name	E-mail	



Webb City Area Chamber of Commerce

2017 Membership Investment Schedule

Investments are for a calendar year and may be paid annually, semi-annually or quarterly.

Individuals *	\$55
Non-Profit & Public Institutions	\$150
Churches	\$150
REALTORS	\$150
Professionals	\$275
Utilities, Health Centers &	
Financial Institutions	\$550
Retail, Real Estate Agencies, & M	anufacturing:
Less than 10 employees	\$150
11 to 25 employees	\$275

26 to 50 employees

More than 50 employees



\$425

\$550

^{*}Individuals are those not currently affiliated with any business.