2021-2022 Contractor Checklist

City of Chillicothe, Missouri

Please submit the following information to the City Clerk's Office at City Hall for your contractor's license for the 2021-2022 year.

- Certificate of Insurance for Worker's Compensation Coverage or an Affidavit of Exemption from Worker's Compensation Coverage; said affidavit to be in a form acceptable to the City Clerk.
- ➤ Certificate of Insurance for General Liability coverage with the City names as a Certificate Holder in the minimum amount of \$300,000.00 per occurrence and \$600,000.00 per aggregate.
- ➤ A signed affidavit (see attached) stating that you do not owe the City of Chillicothe, Missouri any back taxes, fines or fees.
- > Copy of person(s) identification card applying for the license.
- > The fee(s) for the Contractor's License is \$50.00 cash or check per license.
 The fee(s) will only by accepted upon receipt of all the above.

If you have any questions concerning the above requirements or any questions regarding your contractor's license, please do not hesitate to contact me at 660-646-1877.

Respectfully,

Rozanne (Roze) Frampton Chillicothe City Clerk 715 Washington Street Chillicothe, Missouri 64601 660-646-1877 660-646-6811 (fax) cityclerk@chillicothecity.org

APPLICATION FOR CLASS A (Building) C

CONTRACTORS LICENSE CHILLICOTHE, MO	Fee \$50 cashck# Receipt # License#						
Applicant	Firm Name						
Address							
City							
Email							
1. Years of experience in bui	lding						
2. Have you passed the build	. Have you passed the building exam given by the City of Chillicothe?						
3. Were you licensed in Chill	. Were you licensed in Chillicothe last year?						
4. Do you have a copy of the	4. Do you have a copy of the adopted International building code and the						
International Residential co	ode?						
5. Have you provided a Certi	Have you provided a Certificate of Insurance for General Liability coverage with						
the City Clerk?							
6. Have you provided a Certi	ficate of Insurance for Workers' Compensation						
coverage or an Affidavit or	f Exemption from Worker's Compensation coverage						
with the City Clerk?	RSMo 287.061						
7. Have you provided a signe Chillicothe, Missouri any l							
penalties of perjury that the statem knowledge and belief and agree to	HEREBY CERTIFY and DECLARE, under the lents made above are true and correct to the best of my comply with the adopted codes of the City of EOF, I set my hand this day of						
STATE OF	AE						
COUNTY OF	Applicant Signature						
On this day of purpose therein mentioned. IN W	, 20, before me personally appeared , to be known to be the person who acknowledged ITNESS WHEREOF, I have hereunto set my hand and						
official seal at my office in the Cit	y of Chillicothe, the day and year first above written.						
Commission Expires							
	Notary Public						

Date

Rozanne (Roze) Frampton, City Clerk 715 Washington Street Chillicothe, Missouri 64601

NOTICE

Each person desiring to hold a contractor's license in the City of Chillicothe, Missouri is reminded that City Ordinance 2012-07 provides that "no license shall be issued to any applicant under this Chapter until all obligations owed to the City including, real and personal property taxes, utility fees, permit fees, inspection fees, or other financial obligations of the applicant to the city which are delinquent are paid or satisfied".

AFFIDAVIT

I hereby declare that I am in good standing with the City of Chillicothe, Missouri and do not have any delinquent financial obligations due to the City.

Company Name	Market Control of the
,	•
Applicant Signature	Date



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF WORKERS' COMPENSATION

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE PURSUANT TO \S 287.061, RSIMo

]	Before me, the undersigned authority, persona	lly appeared					
1	who, being duly sworn on this oath states as fo	Name of Affiant					
	. My name is affidavit, and personally acquainted with the city or county for an occupational or business is exempt from carrying workers'	. I am of ne facts herein stated. ess license as a contra	I understand that by a actor in the construction	nind, capable of making this submitting this affidavit to the on industry, I am stating that my			
2	. I am the sole proprietor, owner or partner o	f					
	a business engaged in construction industry coverage for the following reason:	that is not required t	Name of Busin o purchase workers' o	ess compensation insurance			
	(Check One)						
	I am a sole proprietor and have no "employees" as defined under the law, see page 2.						
	I am a partner in a partnership with no	"employees" as defir	ied under the law, see	page 2.			
	I have filed a Notice of Employer's Exe	emption with the Miss	souri Division of Wor	kers' Compensation (Division)			
	for			to be withdrawn from			
		ne of Corporation	oration who are also th	ne arrive employees of the			
coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated is enclos							
3.	Further, I have not filed a notice to withdraw has no other workers' compensation insuran I have read and reviewed the concept of "sta being carried out by persons who may be reg	ce coverage. tutory employment"	explained on pages 2-	•			
4.	I understand that providing fraudulent in 570.090, 575.040, 575.050, and/or 575.060, imprisonment and fine, as indicated on pa	RSMo, and may be	fidavit is unlawful u either a misdemean	nder §§287.128, 287.061(3), or or a felony, punishable by			
	Affiant)ate	•			
STA	ATE OF MISSOURI)						
CO	UNITY OF						
Sub	scribed and sworn to before me this	day of	, 20)			
Му	Commission Expires:						
Nota	ry Public		(SEAL)				