

## 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 be 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@chillicothe-city.org

APPLICATION FOR CLASS C (Mechanical)  
CONTRACTORS LICENSE  
CHILLICOTHE, MO

Date \_\_\_\_\_  
Fee \$50 cash \_\_\_ ck# \_\_\_\_\_  
Receipt # \_\_\_\_\_  
License# \_\_\_\_\_

Applicant \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

1. Years of experience in heating & cooling work? \_\_\_\_\_.
2. Were you licensed in Chillicothe last year? \_\_\_\_\_.
3. Do you have a copy of the International Mechanical Code and International Residential Code? \_\_\_\_\_.
4. Have you provided a Certificate of Insurance for General Liability coverage with the City Clerk? \_\_\_\_\_.
5. Have you provided a Certificate of Insurance for Workers' Compensation coverage or an Affidavit of Exemption from Worker's Compensation coverage with the City Clerk? \_\_\_\_\_ RSMo 287.061
6. Have you provided a signed affidavit stating that you do not owe the City of Chillicothe, Missouri any back taxes, fines or fees? \_\_\_\_\_.

I \_\_\_\_\_ HEREBY CERTIFY and DECLARE, under the penalties of perjury that the statements made above are true and correct to the best of my knowledge and belief and agree to comply with the adopted codes of the City of Chillicothe. IN WITNESS THEREOF, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Applicant Signature \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to be known to be the person who acknowledged purpose therein mentioned. IN WITNESS WHEREOF, I have hereunto set my hand and official seal at my office in the City of Chillicothe, the day and year first above written.

Commission Expires \_\_\_\_\_  
Notary Public \_\_\_\_\_

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

660-646-1877(phone)

660-646-6811 (fax)

[cityclerk@chillicothe-city.org](mailto:cityclerk@chillicothe-city.org)

## 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.

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Company Name

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Applicant Signature

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Date



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

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE  
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
*Name of Affiant*

who, being duly sworn on this oath states as follows:

1. My name is \_\_\_\_\_, I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of \_\_\_\_\_  
*Name of Business*

a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

*(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 defined under the law, see page 2.

I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for \_\_\_\_\_

*Name of Corporation* to be withdrawn from 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 enclosed.

*Date*

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.

\_\_\_\_\_  
*Affiant* *Date*

STATE OF MISSOURI )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)