City Of Branson

110 W. Maddux * Suite 200 * Branson, Missouri * 65616
417-334-3345 (phone) * 417-335-6042 (fax)

CONTRACTOR REGISTRATION

Application Date:_____

1. ☐ New Business ☐ Change in Name ☐ Change in Ownership

2. Name of Corporation or LLC: (if applicable) Anticipated Start Date:

3. NAME OF BUSINESS:
(Must match business card)

***In State company-**Must register Name of Business at www.sos.mo.gov
***Out-of-State company-**Must register as a transient employer by calling (573) 751-0459

4. Phone:		Fax:		E-Mail:	

5. Business Address:	**6**. Mailing Address:(if different from business address)
Street:	Street:
City, State, Zip:	City, State, Zip:

7. Type of ownership: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

8. Name of Owner(s), Partners, Corporate Officers, etc:

Name:	Title:	Phone Number:
Home Address:		
Name:	Title:	Phone Number:
Home Address:		

9. Business Description: Give a concise description of the business to be conducted. Be certain that the types of business transactions to be conducted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.

_____

_____

10 & 11. Not applicable

12. License Fees (please check): 0-4 employees--$50.00 ☐ **5 or more employees--$75.00** ☐
License Year: May 1 to April 30*
*Fees prorated: Nov 1 to Jan 31-reduced by 50%
*Fees prorated: Feb 1 to Apr 30 - reduced by 75%

13. ***Worker's Compensation is required by the State unless exempt***

Affidavit of Worker's Compensation Exemption: I understand that under Missouri State law an employer is required to have worker's compensation insurance, unless exempt. I also understand that if I do carry workers' compensation, the City of Branson is required by law to have this on file. I hereby state that this business qualified to be exempted from carrying workers' compensation and execute this affidavit of my own free act and deed.

Signature:_____

Certification

(I), (We), the undersigned have answered all questions in the above application, and the best of my (our) belief all answers are true and correct. (I) (We) further understand that disclosure of any false or misleading or any incomplete answers in the above could resultin automatic denial, or revocation, of the license if already issued:
In addition, (I) (We) acknowledge and understand the following:

1) Compensation Insurance, where applicable
2) (I) (We) must notify the Business License Division of any change including business name, addresses, ownership, corporate officers, management or key employee, where applicable.
3) (I) (We) are solely responsible for maintaining current and active licenses application to the operation of our business, including the payment of fees in accordance with the appropriate licensing categories.
4) (I) (We) may be subject to issuance of a misdemeanor citation for each and every day (I) (We) are in violation of any of the above.

Sign and Print Name: **Contact Telephone #**

I understand that I cannot commence business or pull permits until after the contractors license is approved and issued.