



City of West Plains  
City Clerk's Office  
1910 Holiday Lane  
West Plains, Mo.  
417.256.7176, ext. 2235

Dear Business Owner,

Thank you for choosing to operate your contracting business in West Plains! We're glad to have you as a member of our community. Whether you are getting a new license or renewing an existing one, please complete the enclosed application in its entirety. Listed below is a checklist of the required materials and fee(s).

- Completed Contractor Business License Application and fee (\$30.00)
  - Completed Certification Application:
    - 1) if you need to test for plumbing, electrical, or HVAC certification (\$50.00), or
    - 2) are renewing your plumbing, electrical, or HVAC certification (\$20.00)
  - Completed Occupancy Application and fee (\$25.00) **ONLY IF** you:
    - 1) are new and your business is in a commercial building in the city limits of West Plains, or
    - 2) if you are an existing business and you have moved to a new commercial location in the city limits within the past year
- Either:
- Workers' Compensation Certificate of Insurance (if you do not have any employees other than yourself)
  - Or,
  - Notarized Affidavit of Exemption for Workers' Compensation Insurance

We cannot issue your license until all application materials and fees have been submitted, and the occupancy inspection (if required) has been completed. Make checks payable to City of West Plains. For any questions, contact the city clerk's office at 417-256-7176, ext. 2235 or [kellie.mayers@westplains.gov](mailto:kellie.mayers@westplains.gov).

Good luck with your business!

Sincerely,

Kellie Mayers  
City Clerk



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## Contractor Business License Application

New

Renewal

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Business Name

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Owner's Name

Primary Phone

Email Address

I do not have a commercial building location in the city limits of West Plains

Or,

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Business Physical Street Address

City

State

Zip

*An occupancy inspection is required for any store front located in West Plains city limits. If this is a new business or you have moved, please return the Occupancy Application and fee (\$25.00).*

### Mailing Address (if different than above)

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Mailing/Corporate Address

City

State

Zip

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Corporate Contact Name

Phone Number

Corporate Email Address

**Contractor/Subcontractor Type:**  General  Electrical  HVAC  Plumber

**Contractors with more than one employe are required to have workers' compensation coverage. Are you required by the State to have a Certificate of Insurance for Workers' Compensation coverage?**

Yes (Certificate attached)

No (Exemption Affidavit attached)

### Applicant Information and Signature

*I declare, under penalty of perjury, that this application has been examined by me and that the statements herein are made in good faith pursuant to the City of West Plains' tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.*

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Applicant Signature

Printed Name

Date

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Social Security # (last 4 digits only)

Date of Birth

Driver License # and State

**For Office Use Only**

Approved By

Amount Paid

Paid Date

Business License Number

Effective Date

Expiration Date