



City Of Duquesne
1501 S Duquesne Road * Joplin MO 64801
417-781-5085 * Fax 417-781-4652

Business License / Contractor License Application

☐ New Applicant ☐ Renewal Year: _____ Date of application: _____

Business Name: _____ Business Phone #: _____

Physical Address: _____ City, St., Zip: _____

Mailing Address: _____ City, St., Zip: _____

Email Address: _____

Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual Fax Phone #: _____

Choose one: ☐ Wholesale ☐ Retail ☐ Manufacturing ☐ Labor/Service Only ☐ Other: _____

Owner Name (Print): _____ Phone #: _____

Address: _____ City, St., Zip: _____

Federal ID #: _____ State ID#: _____ # Years in Business: _____

Missouri Sales Tax #: _____ (If collecting any tax)

☐ If you collect Missouri sales tax, "No Tax Due" Statement from Missouri Dept. of Revenue is required.

☐ Copy of General Liability & Worker's Comp (if applicable) with "City of Duquesne" as Certificate Holder is required for ALL contractors and subcontractors. COI can be faxed to 417-781-4652 or emailed to t.ingram@duquesnemo.org

Fee: **Business**

- ☐ Business location other than residence (\$50)
☐ Home-Based at personal residence (\$50)
☐ Mobile Home Park / Peddler (\$50)
☐ Other: _____ (\$50)

Contractor

- ☐ Licensed Building Contractor (\$50)
☐ Licensed Electrician (\$50)
☐ Licensed Plumber (\$50)
☐ Licensed HVAC Contractor (\$50)
☐ Other: (Be specific) _____ (\$50)

Description of Business: (i.e.: Clothing retail, insurance, eatery, masonry, roofer) _____

Owner Signature: _____ **Date:** _____

City Use Only

Date Received: _____ Paid by check #: _____ Paid by Cash _____ Amount \$ _____

License #: _____ Receipt #: _____ License Sent/Date: _____

Comment: _____

Approved Date: _____ License issued by: _____, City Clerk