



City of

Harrisonville <sup>est. 1836</sup>

300 E. Pearl Street, P.O. Box 367 • Tel: 816-380-8900 • Fax: 816-380-8906 • Harrisonville, MO 64701

Application for Mechanical, Electrical and Plumbing Contractor's License

Type of License Applied for: \_\_\_Electrician \_\_\_Plumber \_\_\_Mechanical

Business Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Master Electrician/Plumber/Mechanical: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Bus. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I AM ENCLOSING THE FOLLOWING INFORMATION:**

\_\_\_\_\_ A check for each license applied for made out to the City of Harrisonville in the amount of \$50.00 for each trade.

\_\_\_\_\_ Proof of General Liability Insurance in an amount of not less than \$500,000.

\_\_\_\_\_ Proof of Workers' Compensation, as required by the laws of the State of Missouri.

\_\_\_\_\_ Proof of Master License from City of Kansas City, Missouri; Independence, Missouri; Johnson County, Kansas; or a Thomson Prometric (formerly Experior Test Certificate) with a minimum score of 75.

I hereby certify that the following employees will be working for this business under this license, and that I will be responsible for the quality of all work performed under this license.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following statement is acknowledged by your signing and dating this document: **I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_