Permit #	/	



City of Wright City 636 Westwoods Road, Wright City, MO, 63390 Phone: 636-745-3101 Email: cityclerk@wrightcity.org

CONTRACTOR LICENSE APPLICATION

Date:		For year:		
Applicant Information:				
Name:				
Address:				
City/State/Zip:				
Phone number:				
Email:				
Company Information:				
Company Name:				
Company Address:				
City/State/Zip:				
Mailing address (if different t	han above):			
City/State/Zip:				
Type of Contractor:				
_ General Contractor	_ Elevator	_ Fencing	_ Drywall	
_ Underground utilities	_ Electrical	_ Excavation	_ Pool/Hot tub	
	_ Fire Safety	_ HVAC	_ Solar Array	
_ Insulation	_ Landscaping	_ Masonry	_ Sign	
_ Paving (Asphalt/Concrete)	_ Plumbing	_ Painter	_ Roofing	
_ Interior Finisher	_			
License Fee: \$50.00 (Cover	•	•	· -	
I certify that all statements m	nade in this applica	tion are to the best of	f my knowledge correct.	
Should any of the statements	be subsequently p	proved inaccurate, I ui	nderstand the City of	
Wright City, MO may suspend	d or revoke my Occ	cupational License.		
Signature		 Date		