

CITY of AURORA

2025/2026 Contractor License Application

ANNUAL LICENSE TERM JULY 1ST thru JUNE 30th

Please check the items that apply:

NEW (\$60.00) EARLY RENEWAL (\$40.00 prior to June 30th) LATE RENEWAL (\$60.00)

NAME OF BUSINESS _____

STREET ADDRESS OF BUSINESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (if different from above) _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ FAX NUMBER _____ CELL NUMBER _____ EMAIL ADDRESS _____

OF W-2 EMPLOYEES _____ #OF VEHICLES LICENSE TO BUSINESS _____ State Sales Tax # (if applicable) _____

BRIEF DESCRIPTION OF BUSINESS: _____

NAME(S) OF BUSINESSES LEGAL OWNER(S) _____ HOME ADDRESS, CITY, STATE, AND ZIP CODE _____

CONTACT PHONE NUMBER _____ DRIVERS LICENSE # (Photocopy Required) _____

Do you sell any products at the above address? YES NO
Are your jobs performed away from the above address? YES NO

NOTICE To: Merchant, Service Provider and Contractors;

By signing this application, you affirm that you participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal law to work in the United States. (Missouri House Bill 1549)

Any Businesses or Contractors selling at retail will be required to submit a copy of "Missouri Sale Tax License", certificate of "No Tax Due Statement" from the Missouri Department of Revenue, State issued photo ID and "Worker's Comp Insurance" before a Business License can be issued.

(Allow 5 to 7 Business Days for processing Application)

Print Applicants Name _____

Signature of Applicant _____

Date _____

LICENSE EXPIRES JUNE 30, 2026

(For office use only)

Community Development Director / Date signed _____

City Clerk / Date signed _____

Property Zoning _____

Information Forms: State Issued ID _____ Worker's Comp. _____

Approved Denied

Payment: Cash \$ _____ Check # _____ Credit Card _____

Issued Date/By _____

Received: _____

Receipt# _____

P.O. BOX 30 • AURORA, MO • 65605
PHONE: 417-678-5121 • FAX: 417-678-6599