

# Village of Leawood Occupation License Application

## Construction Industry

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

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

Proprietorship Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

**Owner/President's Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** (If different) \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

**Federal Tax Identification Number:** \_\_\_\_\_ **MO Sales Tax #** \_\_\_\_\_

**Type of Occupation:** \_\_\_\_\_

(Only One Type of Occupation Per Application)

**Insured:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes with whom:** \_\_\_\_\_

**Work Comp Ins:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes with whom:** \_\_\_\_\_  
(Please attach proof)

**Note: RsMO 287.040. Liability of employer — contractors, subcontractors.**  
— 1. Any person who has work done under contract on or about his premises which is an operation of the usual business which he there carries on shall be deemed an employer and shall be liable under this chapter to such contractor, his subcontractors, and their employees, when injured or killed on or about the premises of the employer while doing work which is in the usual course of his business.

**Number of Employees:** (If applicable) Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Personal Information of Applicant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City,** \_\_\_\_\_ **State,** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **CellPhone #:** \_\_\_\_\_

*Under Oath, I affirm that I 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 (Refer to Missouri HB 1549).*

*I, the undersigned certify that the above information is true and accurate.*

**Signature of Applicant:** \_\_\_\_\_

**Office Use Only**

**Identification Used:** (i.e. Drivers License) \_\_\_\_\_

**Expiration Date of Identification Document:** \_\_\_\_\_

**Work Comp Certificate attached:** \_\_\_\_\_

**Exemption Certificate Attached (if applicable):** \_\_\_\_\_

**General Liability Attached (Excavator or Dirt Movers):** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
(Signature of Village Clerk)