



**OCCUPATIONAL LICENSE APPLICATION**

**SECTION FOUR: Contractors and Sub-Contractor per City Code Section 500**

- **ALL CONTRACTORS AND SUB-CONTRACTORS:** Certificate of Insurance showing General Liability and Workers' Compensation Insurance with the City of Grain Valley listed as a certificate holder
- If a Master Trade & no Workers' Compensation Policy, an **Affidavit of Exemption** for Workers' Compensation Insurance is required pursuant to §287.061, RSMo
- **ELECTRICIANS, PLUMBERS AND HVAC/MECHANICAL CONTRACTORS:** please provide proof of certification
- **MASTER TRADE CERTIFIED FIELD:** [ ] ELECTRICAL [ ] MECHANICAL [ ] PLUMBING  
 Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

**SECTION FIVE: Solid Waste Collection/Disposal per City Code Section 235**

Nature of Waste Business (*check all that apply*): [ ] Collection [ ] Transporting [ ] Processing/Disposing  
 Classification of Waste(s) Collected (*Rubbish, Hazardous, Pathological Waste, etc.*): \_\_\_\_\_  
 Number of Vehicles Operated: \_\_\_\_\_  
 Location of Processing/Disposal Facility Utilized: \_\_\_\_\_  
 Days of Collection in the City Limits: \_\_\_\_\_

**SECTION SIX: Certification Statement**

*The undersigned understands & agrees that occupational license must be renewed by July 1<sup>st</sup> of each year. The undersigned agrees to make all corrections required by the City prior to opening for business each year. Undersigned also agrees to maintain the property in accordance with all applicable laws & ordinances of the City, County & State. If a Master Certified Trade Contractor, the undersigned agrees to maintain certification in accordance with all applicable laws & ordinances of the City, County & State. Per Section 605.180 of the Grain Valley Municipal Code, false statements on this application will result in a fine and revocation of said license by the Board of Aldermen of the City of Grain Valley.*

\_\_\_\_\_  
 Signature of Business Owner/Operator

\_\_\_\_\_  
 Printed Name of Business Owner/Operator

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

FOR CITY USE ONLY			
[ ] APPROVED [ ] DENIED [ ] NOT APPLICABLE		[ ] APPROVED [ ] DENIED [ ] NOT APPLICABLE	
_____ Community Development Director	_____ Date	_____ Building Official	_____ Date
Application Fee: [ ] Yes [ ] No		VERIFIED	
Late Fee: [ ] Yes: [ ] No Amount: _____		_____ City Clerk or Designee	
License # _____		_____ Date	

