



# Construction Certificate of Registration

• 4 E Lockwood Ave • Webster Groves, MO 63119 •  
• Phone: 314-963-5300 • Fax: 314-963-2053 •  
• Email: citymail@webstergroves.org •

Business Name \_\_\_\_\_  
Business Owner \_\_\_\_\_  
License Holder \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

**THERE ARE ADDITIONAL REQUIREMENTS FOR CONTRACTORS LOCATED OUTSIDE OF THE STATE OF MISSOURI.**

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Registered Contractor List will have company's office number on it.  
This list will be online and given out upon request.***

Do you own a business located in the City of Webster Groves?  Yes  No

**Type of registration being requested:**

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Mechanical     | <input type="checkbox"/> Electrical  | <input type="checkbox"/> Plumbing             |
| <input type="checkbox"/> Fire Protection    | <input type="checkbox"/> Communications | <input type="checkbox"/> Drainlaying | <input type="checkbox"/> Water Heater Install |
| <input type="checkbox"/> Fence              | <input type="checkbox"/> Sign           |                                      |   |

**The following items must be submitted with this application in order to issue a contractor registration in the City of Webster Groves:**

1. Payment of \$75.00 annual fee.
2. An original Certificate of Insurance issued to the City of Webster Groves certifying that the applicant has coverage as follows (*Certificates must have the City of Webster Groves listed as a Certificate Holder*):
  - Workers Compensation per State Requirements, (or signed affidavit that workers comp is not required.)
  - General Liability - \$300,000.00 per occurrence.
  - Products/Completed Operations, Aggregate - \$300,000.00

*The Certificate must list The City of Webster Groves as Additional Insured for all work in the City Right of Way.*
3. Photo Copy of:
  - The current drivers license of the current business owner or license holder.
  - The current license of St. Louis City and/or St. Louis County if you are applying for a Plumbing, Drainlaying, Mechanical, Communications, or Electrical license.

**I declare that this application is true and correct to the best of my knowledge:**

Signature of Owner : \_\_\_\_\_ Date: \_\_\_\_\_  
(SIGNATURE OF LICENSE HOLDER REQUIRED FOR ALL PLUMBING, ELECTRICAL, & MECHANICAL CONTRACTORS)

The following individuals are authorized to apply for and/or pick up permits in my absence:

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