



City of Webb City * PO Box 30 * 200 Main Street * Webb City, Missouri 64870

Office of The Collector 417-673-4064 Fax – 417-673-8228

APPLICATION FOR CONTRACTORS LICENSE

Business Name _____

Mailing Address _____

Phone Number _____ Cell Number _____ Fax Number _____

Owners Name _____

Owners Address _____
(If different from above)

Other Authorized personnel _____

Type Of Contactor _____

License Fee _____

Signature: _____ Date: _____