



CITY OF ARNOLD
2101 JEFFCO BLVD.
ARNOLD, MO 63010
636-282-2378
FAX: 636-282-6677

**SEWER/DRAINLAYER CONTRACTOR
 LICENSE APPLICATION**

BUSINESS NAME: _____

DRAINLAYER'S NAME: _____

MAILING ADDRESS: _____ ZIP: _____

BUS. PHONE: _____ CELL PHONE: _____ FAX: _____

RECORD OF LICENSURE

LIST CURRENT SEWER/DRAINLAYER'S LICENSES:

CITY/COUNTY/STATE LICENSED WITH: _____ LICENSE NO: _____

CITY/COUNTY/STATE LICENSED WITH: _____ LICENSE NO: _____

CITY/COUNTY/STATE LICENSED WITH: _____ LICENSE NO: _____

HAVE YOU EVER HAD A SEWER/DRAINLAYER'S LICENSE REVOKED, SUSPENDED, CENSURED, OR PLACED ON PROBATION? _____ IF SO, INDICATE WHERE AND WHEN THE LICENSE WAS REINSTATED. _____

MISSTATEMENT OF ANY KIND ON THIS APPLICATION MAY INVALIDATE THIS APPLICATION AND/OR RESULT IN REVOCATION OF APPLICANT'S LICENSE.

I _____, HEREBY SWEAR ALL THE FACTS STATED ABOVE ARE TRUE.

SIGNATURE: _____

_____ **FEE: \$45.00**
 (\$20.00 License Fee plus a \$25.00 Processing Fee)

_____ **\$5,000 SURETY BOND**

_____ **COPY OF CURRENT LICENSE**

_____ **BUSINESS LICENSE**