

Phone 573-438-2767

**CITY OF POTOSI**  
121 East High Street  
Potosi, Missouri 63664

Fax 573-438-7008

**APPLICATION FOR WORK PERMIT**

A work permit is required for contractors doing a one-time job during a calendar year within the City of Potosi. The following information on this application, is necessary for the City to properly regulate the work permits within its jurisdiction. By completing this application, you are agreeing to abide by the City's Ordinances in all respects. False or incomplete information provided may result in your application being denied, or if discovered after the Work Permit is granted, may be grounds for the revocation of your work permit to do business in the City of Potosi.

**\*\*\*\*\*ALL QUESTIONS MUST BE READ AND ANSWERED AS THEY PERTAIN TO YOU\*\*\*\*\***

**WORK PERMIT INFORMATION**

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE # : \_\_\_\_\_

ADDRESS OF LOCATION FOR WORK PERMIT: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_

CONTACT'S TELEPHONE # : \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHO OWNS THE PROPERTY \_\_\_\_\_

NAME

ADDRESS

**WORK PERMIT**

START DATE: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

**EMPLOYEE'S AND WORKER'S COMPENSATION**

NUMBER OF EMPLOYEES OR WORKERS? \_\_\_\_\_ If there will be more than four (4) employees or workers, including the owners, or if the business will engage in any construction related activity, State Law requires verification of Worker's Compensation Insurance be provided before any municipality can issue a work permit. One of the forms below must be signed and a copy of the certificate of insurance for workman's compensation coverage must be attached before a new work permit will be issued. PLEASE EXECUTE ONLY ONE OF THE FOLLOWING TWO OPTIONS.

\_\_\_\_\_ My business is non-construction with less than five (5) employees or workers and I am not required by the State of Missouri to have Workman's Compensation Insurance.

\_\_\_\_\_ My business is a construction related business, or a business with five (5) or more employees or workers and I am required by the State of Missouri to have Workman's Compensation Insurance. I have attached verification of my current Workman's Compensation Insurance.

**I UNDERSTAND FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN MY APPLICATION BEING DENIED, OR IF DISCOVERED AFTER THE WORK PERMIT IS GRANTED, MAY BE GROUNDS FOR THE REVOCATION OF MY WORK PERMIT TO DO BUSINESS IN THE CITY OF POTOSI.**

\_\_\_\_\_  
PRINT NAME (MUST BE LEGIBLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\*\*\*\*\*  
**FOR OFFICE USE ONLY:**

AMOUNT PAID: \_\_\_\_\_

1 - 7 DAYS PERMIT \_\_\_\_\_ (\$25.00)

DATE PAID: \_\_\_\_\_

8 - 30 DAYS PERMIT \_\_\_\_\_ (\$100.00)

30 + DAYS PERMIT \_\_\_\_\_ (\$250.00)

3-20-18

OFFICE SIGNATURE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
BUSINESS TELEPHONE NO. \_\_\_\_\_  
ADDRESS OF LOCATION OF WORK PERMIT \_\_\_\_\_  
NAME OF CONTACT PERSON \_\_\_\_\_  
CONTACT TELEPHONE NO. \_\_\_\_\_  
NAME AND ADDRESS OF PERSON WHO OWNS THE PROPERTY \_\_\_\_\_  
DATE OF PERMIT \_\_\_\_\_  
ISSUED BY \_\_\_\_\_  
APPROVED BY \_\_\_\_\_  
CITY OF \_\_\_\_\_