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**CITY OF ST. CHARLES, MISSOURI
PLUMBER
OCCUPATION LICENSE APPLICATION
Fiscal Year 7/1/2019 – 6/30/2020**

Company Name

License Holder

Company Address

City, State, Zip Code

Telephone Number

E-Mail

LICENSE FEE: \$35.00

License Renewal _____ New License _____ (check one)

**I (We) hereby make application for a Plumber license for the period beginning
7/1/2019 – 6/30/2020**

Signature of Applicant

**Companies whose offices reside in St. Charles County are
required to submit a copy of their paid personal property taxes.**

Internal Office Use

License No.: _____

Bond Expiration Date: _____

Bond Through (Circle One): [PIC] or [MAPHCC]

Prop. Tax: _____ **Waiver:** _____