

# ST. LOUIS COUNTY DEPT. OF PUBLIC WORKS 2025 Electrical License/Account Renewal Form

MY COMPANY NAME IS ► \_\_\_\_\_ ◀

I **certify** I am a full-time employee during their regular business hours, and that I am in a position to supervise the work done under permits issued to my license/account.

I **acknowledge** it is a violation of the St. Louis County Electrical Code to secure permits for anyone other than employees of my company, and that I will not use my license/account or permit to aid or abet any non-licensed person, company or corporation.

I **will notify** the St. Louis County electrical licensing clerk immediately if my employment terminates with this contractor.

I **acknowledge** that my license/account is subject to suspension or revocation, pursuant to the regulations set forth in the St. Louis County Electrical Code, which includes my responsibility to schedule, coordinate and receive final electrical inspection approval on permits issued to my license/account.

✓ **BY SIGNING BELOW, I ACKNOWLEDGE THAT I AGREE WITH THE ABOVE STATEMENTS.**

Licensee: \_\_\_\_\_ Licensee: \_\_\_\_\_  
*SIGN in presence of Notary Public* *PRINT name: first, m.i., last name*

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This document **signed** by \_\_\_\_\_ **in my presence**  
on \_\_\_\_/\_\_\_\_/20\_\_\_\_. This person's **identity** is (check one) \_\_\_\_\_ known to me, or  
\_\_\_\_\_ confirmed by current driver's license or other current official photo identification.

NOTARY PUBLIC SIGNATURE

Affix Notary Stamp at right



✓ **Complete all lines below, even if nothing has changed, or this form will not be accepted.**

FULL NAME OF BUSINESS: \_\_\_\_\_  
*(List the company name and Doing-Business-As name)*

CONTACT INFORMATION: *(please print)* \*NOTE: If this is a P.O. Box or "mail drop" (UPS store, etc.) fill in "actual location" lines

\_\_\_\_\_  
P.O. Box\* or Street address ↑

Office phone - (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip ↑

Licensee's cell phone - (\_\_\_\_) \_\_\_\_\_

**\*Actual Location of Business**  
**Only if Different From Above**

Office fax - (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Street address (if different from mailing address) ↑

E-Mail Address for **Licensee** (Required):  
\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip ↑

E-Mail Address for Office:  
\_\_\_\_\_

## CHECKLIST

- Complete all blank lines.
- Notary stamp MUST be visible on uploaded scanned document.
- If your business is in St. Louis County, please submit a copy of the 2023 business personal property tax receipt.