

**CITY OF MARSHALLTOWN, IOWA**  
**EMERGENCY REPAIR BUSINESS APPLICATION**

Pursuant to Section 7-38 of the Code of Ordinances of the Marshalltown City Code, the undersigned requests registration as an Emergency Repair Business and in connection therewith certifies the following:

Name of Principal Owner of the business:	Name of Applicant, if not owner
Phone Number of Business Owner	Phone Number of Applicant, if not owner
Street Address of Business Owner	Street Address of Applicant, if not owner
City of Business Owner	City of Applicant, if not owner
State, Zip of Business Owner	State, Zip of Applicant, if not owner
Email address of owner or applicant	
State of Iowa Contractor's Registration No.	
Name of Insurance Company	Date of Insurance Expiration

Licenses shall be issued to qualified contractors who complete the required application and provide the required documentation. Licenses shall not be issued to contractors who have on prior occasions been identified by City officials as unresponsive or irresponsible bidders in the public bidding process.

Enclosed: Certificate of Insurance, with at least \$1,000,000 Commercial General Liability Insurance.  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Enclosed: Contractor Registration Certificate Yes \_\_\_\_\_ No \_\_\_\_\_

Names of persons soliciting work on behalf of the contractor within the City of Marshalltown and needing a license card to solicit work. There is no fee for application or for the license card.


I hereby declare that all information contained in this Application is true and correct. I understand that any person who performs work without said license, or who fails to observe any portion of City Code Section 7-38 commits a simple misdemeanor and the City may seek relief in the District Court.

\_\_\_\_\_  
 Applicant's Signature  
 Please complete and return application to the City Clerk.  
 Questions? Call 641-754-5701 or email [clerk@marshalltown-ia.gov](mailto:clerk@marshalltown-ia.gov).  
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 Date