



Treasurer's Office
455 N. Main – 12th Floor
Wichita KS 67202

www.wichita.gov

WATER WELL DRILLING REGISTRATION
ANNUAL FEE \$25.00

Please allow 10 days for processing time.
Copy of state license as a water well driller by the
State of Kansas must be attached.

CITY LICENSE (316) 268 - 4553

Date _____

APPLICANT INFORMATION:

Name		Phone Number	
Home Address		Zip	

BUSINESS INFORMATION (if applicable):

Legal Business Name		Phone Number	
DBA Business Name			
Business Address		Zip	
Mailing Address		Zip	

OTHER BUSINESS ADDRESSES (if different from business address)

Operations		Zip		Phone Number	
Storage		Zip		Phone Number	
Other		Zip		Phone Number	

AUTHORIZED BUSINESS REPRESENTATIVE:

Name		Phone Number	
Title			

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

 Signature of Applicant

 Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Health Dept			
Registration #		Date	Expiration Date
Total Fee		State License #	