

## APPLICATION FOR CONTRACTOR'S LICENSE

All licenses expire December 31. There is a grace period without penalty through January. No permits will be issued after December 31 unless license and certificate(s) of insurance are renewed. Board Policy on renewals after January 31: February 2X fee, March 3X, April 4X fee, May 5X fee, June 6X fee, July and after - retest.

**PROOF OF GENERAL LIABILITY, AUTOMOTIVE LIABILITY AND WORKMAN'S COMPENSATION INSURANCE (CERTIFICATE OF INSURANCE) MUST ACCOMPANY THIS APPLICATION UNLESS OTHERWISE ON FILE.**

NEW \_\_\_\_\_

RENEWAL \_\_\_\_\_

LICENSE	FEE	LICENSE	FEE
_____ CLASS A General	\$400.00	_____ Roofing & Siding	\$60.00
_____ CLASS B Building	\$200.00	_____ Siding	\$60.00
_____ CLASS C Residential	\$150.00	_____ Roofing	\$60.00
_____ CLASS D		_____ Swimming Pool	\$60.00
Residential Maintenance	\$60.00	_____ Wrecking	\$60.00
		_____ Fire Sprinkler Installer	\$60.00

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

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

BUSINESS CONDUCTED AS: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

### QUALIFIED PERSON WHO PASSED EXAMINATION

NAME	LICENSE	EMAIL
_____	_____	_____

### PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:

NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_  
NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_  
NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_  
NAME: \_\_\_\_\_ OFFICE OR POSITION: \_\_\_\_\_

(PLEASE COMPLETE BACK SIDE)

**THE FOLLOWING MUST BE ANSWERED:**

1. HAS THE QUALIFIED PERSON BEEN LISTED AS THE QUALIFIED PERSON FOR ANY OTHER COMPANY, PAST OR PRESENT, IN THE CITY OF WICHITA? \_\_\_\_\_  
IF YES LIST COMPANIES \_\_\_\_\_

List below the full name, title and address of individual owner, all partners or officers. Include the QUALIFIED person for corporate licenses when not an officer in the corporation:

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
QUALIFIED PERSON

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
OFFICER/PARTNER/CO-OWNER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
OFFICER/PARTNER/CO-OWNER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION, I (we)** understand and agree to see that all construction performed under authorization of my contractor's license is performed to at least the minimum standard of the governing code as adopted by the City of Wichita, Kansas.

I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand any falsification of information on this application is justification revocation of a license.

_____ QUALIFIED PERSON <i>(Must be owner or full time employee)</i>	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE
_____ OFFICER/PARTNER/CO-OWNER	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE

**NOTE:** An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed and acknowledged by each member. A CORPORATION application must be signed by an officer of the corporation legally authorized to sign corporation documents. The QUALIFIED PERSON must always sign.

**OFFICE USE ONLY**

\_\_\_\_\_ Issue the License

\_\_\_\_\_ Refuse the License

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_