

CONTRACTOR LICENSE APPLICATION FORM

Type of License check one:	General Building Contractor	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>
	Limited Building Contractor	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>
	House Mover or Wrecker	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>
	Sign Hanger	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>
	Electrician or Electrical Contractor	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>
	Plumber or Plumbing Contractor	\$50	<input type="checkbox"/>	After July 1st	\$25	<input type="checkbox"/>

New Renewal

Name of Business: _____

Type of Ownership: _____ (Sole Proprietor, Partnership, Corporation, Other)

Name of Owner: _____

If Corporation, Registered Agent's Name: _____

Business Address: _____

City, State, & Zip Code: _____

Phone #: _____ Number of years in business: _____

Kansas Sales Tax #: _____ Federal Tax ID #: _____

List 3 work references which work has been done within the past 2 years including address and phone numbers:

1. _____
2. _____
3. _____

Do you have a working knowledge of the uniform building, electrical, or plumbing codes? Yes No

Are you familiar with the City of Phillipsburg codes? Yes No

Are you familiar with the City of Phillipsburg ordinances regarding permits? Yes No

Do you know the requirements for inspections? Yes No

Have you provided the City with a Certificate of Insurance issued by a company authorized to do business in the State of Kansas? (\$500,000 combined single limit liability for any one incident and workers compensation insurance as required by the State of Kansas.) Yes No

All licenses shall be renewable annually on or before the first day of January of each year.

I declare that this application has been examined by me, the statements made herein are made in good faith pursuant to the city of Phillipsburg's City Code, and to the best of my knowledge are true, correct, and accurate.

Name: _____ Title: _____ Date: _____