



Sedgwick County... working for you

Metropolitan Area Building and Construction Department

271 W. 3rd St. N., Suite 101, Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

To avoid delays in processing, please make all checks payable to MABCD

(we also accept Visa, MasterCard or Cash)

Mark Appropriate License:

Electrical

Mechanical

Plumbing

or one of these individual licenses:

Elevator/Escalator

Fire Suppression

Solid Fuel

Lawn Irrigation

Water Conditioner

Handicap Accessibility

Refrigeration

Gas Fitter

Drain Layer

Fire Sprinkler

Sheet Metal

Drain Cleaner

All licenses are \$360.00

All licenses expire December 31st. No permits will be issued after December 31st unless license and certificate(s) of insurance are renewed. Any license not renewed by January 31st shall pay a penalty of \$50.00.

*If you hold an Air Conditioning License and Master Certificate then the Refrigeration License and Certificate are free
If you hold a Plumbing License and Master Certificate then the Drain Layer and Lawn Irrigation License and Certificate are free*

CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, AUTO, AND WORKMAN'S COMP MUST BE ON FILE. PLEASE CHECK WITH YOUR INSURANCE AGENT TO ENSURE THAT ALL CERTIFICATES OF INSURANCE ARE ON FILE WITH THIS OFFICE.

NEW _____

_____ RENEWAL

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____

STATE _____ ZIP _____ - _____ TELEPHONE () _____

EMAIL ADDRESS: _____

BUSINESS CONDUCTED AS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

PERSONNEL OF BUSINESS:

NAME

OFFICE OR POSITION

MASTER IN ORGANIZATION RESPONSIBLE FOR WORK

Individual Master Name	CERT # CER-1234	BUS LIC # BUSYYYY-5678

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

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

(PLEASE COMPLETE BACK SIDE)

THE FOLLOWING MUST BE ANSWERED:

1. Are there any liens, suits or judgements now pending against you or the business party? (check one) Yes No
2. Have you or the organization filed for bankruptcy during the past year? (check one) Yes No
3. Who is financially responsible for the business? _____
4. Has the Qualified Person (Master) and/or owner been convicted of a felony? (check one) Yes No

List the full name, title and address of individual owner and all partners or officers. Include the qualified person for Corporate Licenses when not an officer in the corporation:

NAME _____ POSITION _____
MASTER CERTIFICATE HOLDER

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, it is understood that the applicant whose signature appears below as the qualified person agrees to comply with the provisions of all applicable codes pursuant to this application, fully realizing that it is necessary for at least one active member of a firm to have a current master certification, that it is unlawful for a licensee to allow his/her name or license to be used by another.

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 for cancellation and recall of the master certificate and/or license.

MASTER CERTIFICATION HOLDER	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 **MASTER CERTIFICATE HOLDER** must always sign.

OFFICE USE ONLY

_____ Issue the License

Refuse the License _____

Date: _____

Approved by: _____