



Sedgwick County...
working for you

Wichita-Sedgwick County
Metropolitan Area Building and Construction Department

APPLICATION FOR CONTRACTOR'S LICENSE

271 W 3rd St N #101

Wichita, KS 67202

316-660-1840

All licenses expire December 31. There is a grace period without penalty through Jan 31st. No permits will be issued after December 31st unless license and certificate(s) of insurance are renewed.

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

NEW (if new, there is a \$50 application fee) RENEWAL INACTIVE

Biennial Licenses renewal after January 31st of the Renewal Year will be charged the normal license fee plus the following penalty: February 1 thru the last day of February - 25% of the license fee. March 1 thru the last day of March - 50% of the license fee. After March 31st - 50% of the license fee and required appearance before the Board of Building Code Standards and Appeals.

Table with 5 columns: MABCD LICENSE FEES, 2YRS., MABCD LICENSE FEES, 2YRS., and an empty column. Rows include CLASS A (\$1000), CLASS B (\$600), CLASS C-RESIDENTIAL (\$450), CLASS D - RESIDENTIAL MAINT. (\$360), CELL TOWER (\$360), FIRE SPRINKLER (\$360), MOBILE HOME INSTALLER (\$360), ROOFING (\$360), ROOFING & SIDING (\$360), SIDING (\$360), SIGN (\$360), SWIMMING POOL (\$360), WRECKING (\$360), and NOT OTHERWISE CLASSIFIED (\$360).

NAME OF BUSINESS

BUSINESS ADDRESS

CITY STATE ZIP TELEPHONE ()

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP E-MAIL

BUSINESS CONDUCTED AS: INDIVIDUAL PARTNERSHIP CORPORATION LLC

*QUALIFIED PERSON WHO PASSED EXAMINATION

NAME LICENSE E-MAIL

(PLEASE COMPLETE BACK SIDE)

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

NAME _____ OFFICE OR POSITION _____

NAME _____ OFFICE OR POSITION _____

NAME _____ OFFICE OR POSITION _____

THE FOLLOWING MUST BE ANSWERED: HAS THE QUALIFIED PERSON BEEN LISTED AS THE QUALIFIED PERSON * FOR ANY OTHER COMPANY, PAST OR PRESENT, IN THE CITY OF WICHITA OR SEDGWICK COUNTY? _____

IF YES LIST COMPANIES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

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 and Sedgwick County, Kansas.

INITIALS: _____

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 revocation of a license.

_____ Qualified
 person (must be owner or full time employee) Date Officer/Partner/Co-owner Date

_____ Qualified
 person (must be owner or full time employee) 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 License _____ Refuse License _____

Approved by _____ Date _____