



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 31<sup>st</sup>. No permits will be issued after December 31<sup>st</sup> unless license and certificate(s) of insurance are renewed.

*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: \_\_\_\_\_