CONTRACTOR LICENSE APPLICATION

NEW ______ (If new, there is a $50 application fee)  RENEWAL ______  INACTIVE ______

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 CURRENT WITH THIS OFFICE.

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

Biennial license renewal fees after January 31st of the renewal year will be:
- **February 1st through 28th (or 29th):** License fee + 25% of license fee for penalty.
- **After February 28th (or 29th):** License fee + 50% of license fee for penalty.

<table>
<thead>
<tr>
<th>MABCD LICENSE – 2 YRS</th>
<th>FEE</th>
<th>MABCD LICENSE – 2 YRS</th>
<th>FEE</th>
<th>MABCD LICENSE – 2 YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASS A</td>
<td>$1000</td>
<td>FIRE SPRINKLER</td>
<td>$360</td>
<td>SIGN</td>
</tr>
<tr>
<td>CLASS B</td>
<td>$600</td>
<td>MOBILE HOME INSTALLER</td>
<td>No fee*</td>
<td>SWIMMING POOL</td>
</tr>
<tr>
<td>CLASS C-RESIDENTIAL</td>
<td>$450</td>
<td>ROOFING</td>
<td>$360</td>
<td>WRECKING</td>
</tr>
<tr>
<td>CLASS D – RESIDENTIAL MAINT.</td>
<td>$360</td>
<td>ROOFING &amp; SIDING</td>
<td>$360</td>
<td>NOT OTHERWISE</td>
</tr>
<tr>
<td>CELL TOWER</td>
<td>$360</td>
<td>SIDING</td>
<td>$360</td>
<td></td>
</tr>
</tbody>
</table>

*Mobile Home Installers are licensed with the State of Kansas and there is no fee for renewal with MABCD. However, all installers must submit a biennial application to update their information for our records.

Name of Business: 

Business Address: 

City: _______________  State: _______  Zip: ___________  Telephone: _______________

Mailing Address (If Different): 

City: _______________  State: _______  Zip: ___________  Telephone: _______________

Business Conducted As:  

Individual: _____  Partnership: _____  Corporation: _____  LLC: _____

QUALIFIED PERSON WHO PASSED EXAMINATION

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Email</th>
</tr>
</thead>
</table>

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)

MABCD Form #7  Rev 6/27/19
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:

Qualified Person

NAME: ___________________________ POSITION: ___________________________
ADDRESS: _________________________ CITY: ___________ STATE: _____ ZIP: _______

Officer/Partner/Co-Owner

NAME: ___________________________ POSITION: ___________________________
ADDRESS: _________________________ CITY: ___________ STATE: _____ ZIP: _______

Officer/Partner/Co-Owner

NAME: ___________________________ POSITION: ___________________________
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

________________________
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 License _____ Refuse License ___

Approved by ___________________________ Date ________________

MABCD Form #7 Rev 6/27/19