



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.

Make all checks payable to MABCD

Table with 6 columns: License Class, Fee, License Class, Fee, License Class, Fee. 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 (No fee), Roofing (\$360), Roofing & Siding (\$360), Siding (\$360), Swimming Pool (\$360), Wrecking (\$360), Not Otherwise (\$360).

*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

(Name) (License Number) (Email)

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: 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 _____