METROPOLITAN AREA BUILDING & CONSTRUCTION DEPARTMENT
271 W. 3rd St. N., Suite 101, Wichita, KS 67202 • Phone (316) 660-1840 • Fax (316) 660-1810
SEDGWICKCOUNTY.ORG

CONTRACTOR LICENSE APPLICATION

NEW _____ ***(If new, additional $50 Application fee applies)*** 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 are:

- **February 1st- 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

MABCD LICENSE – 2 YEARS	FEE		MABCD LICENSE – 2 YEARS	FEE		MABCD LICENSE – 2 YEARS	FEE	
CLASS A	$1000		FIRE SPRINKLER	$360		SWIMMING POOL	$360	
CLASS B	$600		MOBILE HOME INSTALLER	No Fee*		WRECKING	$360	
CLASS C – RESIDENTIAL	$450		ROOFING	$360		NOT OTHERWISE	$360	
CLASS D – RESIDENTIAL MAINT.	$360		SIDING	$360				
CELL TOWER	$360		ROOFING & SIDING	$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**

Date: _____ License Number: _____

Name of Business: _____

Business Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Business Email: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Business Type: Individual: ___ Partnership: _____ Corporation: _____ LLC: _____

QUALIFIED PERSON WHO PASSED EXAMINATION

_____

(Name) (Qualified Person's Email)

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

Name: _____ Office or Position: _____

Name: _____ Office or Position: _____

Name: _____ Office or Position: _____

Name: _____ Office or Position: _____

(PLEASE COMPLETE BOTH PAGES)

THE FOLLOWING MUST BE ANSWERED:

1. 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 COMPANIE(S):

   _____

2. **Have the Owner(s) or Qualified Person ever been convicted of a Felony? _____**

Below list the full name, title, and address of the individual owner, all partners, or officers. Include the Qualified Person for corporate licenses when they are 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.

CEO/President/Owner 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 CEO/President/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: _____

(PLEASE COMPLETE BOTH PAGES)