



License # \_\_\_\_\_

# Application for License - All Contractors

Contractor Licensing Fees				
<input type="checkbox"/> Plumbing - \$200	<input type="checkbox"/> HVAC - \$200	<input type="checkbox"/> Electrical - \$200	<input type="checkbox"/> Roofing - \$200	<input type="checkbox"/> Tree Trimming - N/A

COMPANY NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

KANSAS STATE CERTIFICATION # (Please include a scanned copy of certificate) **\*\*ROOFING ONLY**

TEST SCORES (Please include a scanned copy of scores) **\*\*Plumbing, Electrical & Mechanical ONLY**

Please provide proof of insurance in the following amounts:

- (1.) Three hundred thousand dollars (\$300,00.00) for bodily injury liability;
- (2.) Three hundred thousand dollars (\$300,00.00) for the loss, destruction or injury of any property;
- (3.) Automobile liability insurance in the amount of (\$300,00.00)

Such policy shall be conditioned or extended to cover and include within its terms all employees, assistants, and agents of the insured.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Amount Paid \$ _____	Date _____	Receipt No. _____	Received by _____
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