



Contractor's License No: _____

Application for Contractor's License

Business Name: _____ Phone: _____
 Address: _____ Cell Phone: _____
 City, St, Zip _____
 Owner/Business Principal: _____ Phone: _____
 Address: _____
 City, St, Zip _____ Email: _____

Type of Contractor License applied for:

<p>Building</p> <p><input type="checkbox"/> General Contracting</p> <p><input type="checkbox"/> Roofing</p> <p><input type="checkbox"/> Siding</p> <p><input type="checkbox"/> Masonry</p> <p><input type="checkbox"/> Plastering</p> <p><input type="checkbox"/> Lathing</p> <p><input type="checkbox"/> Excavating</p> <p><input type="checkbox"/> Foundation Work</p> <p><input type="checkbox"/> Sign Hanging</p> <p><input type="checkbox"/> Cement Work</p> <p><input type="checkbox"/> Painting/paper hanging</p> <p><input type="checkbox"/> House Wrecking</p> <p><input type="checkbox"/> House Moving</p>	<p>Electrical and/or Mechanical</p> <p><input type="checkbox"/> General Electrician or Electrical Contractor (who shall qualify to engage in more than one kind of electrical construction work)</p> <p><input type="checkbox"/> Limited Electrician or Electrical Contractor (who shall qualify to engage in not more than one kind of electrical construction work)</p>
	<p>Plumber and/or Sewer</p> <p><input type="checkbox"/> Contractor (any person engaged in the business of installing, altering, maintaining or repairing plumbing, which shall include all materials and plumbing fixtures, water pipes, potable water treatment equipment, traps, drainage and vent piping, and building drains, including their respective points, connections, devices, and receptacles)</p> <p><input type="checkbox"/> Any gasfitter or person engaged in the business of installing, altering, repairing fuel gas piping, gas systems or fixtures.</p>

Insurance Requirements:

Liability insurance in the amount of \$500,000 for the death or injury of any one person and \$500,000 for the death or injury of any number of persons in any one accident and \$500,000 for property damage in any one accident.

(Copies of required insurance attached to application)

Length of time engaged in such work _____
 and
 places where work has been performed in the past two years _____

\$25 per permit per year	
Contractors License	_____
Building Permit	_____
Electrical/Mechanical	_____
Plumber/Sewer	_____
	\$ _____

Applicant Signature: _____

Reviewed and referred to City of Udall by: _____
 Maintenance Superintendent

Approved this _____ day of _____, 20_____

Mail to:
CITY OF UDALL
110 S MAIN ST
UDALL, KS 67146

City Representative _____

Make Checks
 Payable to: **CITY OF UDALL**