



**CITY OF GREAT BEND, KANSAS
APPLICATION FOR CONTRACTOR'S LICENSE**

APPLICATION DATE: _____

Please check one license type per application. Separate applications are required for different license types. *Requires proof of passing exam scores of 75% or better.

***Building Contractor License** *New: \$250.00* *Renewal: \$200.00*
 _____ General Contractor (A) _____ Building Contractor (B) _____ Residential Contractor (C)

***Skilled Trade License** *New: \$250.00* *Renewal: \$200.00*
 _____ Plumbing (includes Gas & WT) _____ Mechanical _____ Electrical

***Roofing Contractor License** *New: \$200.00* *Renewal: \$150.00*
 _____ Roofing Unlimited (D) _____ Roofing Limited (E)

Limited License *New: \$175.00* *Renewal: \$150.00*
 _____ Excavation _____ Sign _____ Foundation
 _____ Small Remodels _____ Siding/Gutters/Windows _____ Swimming Pool
 _____ Concrete/Flatwork _____ Fencing _____ Masonry
 _____ Other _____

Other Licenses *New: \$175.00* *Renewal: \$150.00*
 _____ Demolition Contractor (Class G) _____ House Mover (Class H)

****ALL LICENSES ARE RENEWED BI-YEARLY AND EXPIRE ON JUNE 30TH OF EVEN YEARS. FEES DO NOT INCLUDE CERTIFICATE FEES, PLAN FEES AND PERMIT FEES. LICENSES ISSUED AFTER JULY 1ST OF THE ODD YEAR IN THE CYCLE WILL BE PRORATED TO HALF THE LICENSE FEE. ALL LICENSE RENEWALS ARE DUE BY JUNE 20TH.**

 BUSINESS NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____ FAX: _____
 EMAIL ADDRESS: _____

 RESIDENT SUPERVISOR'S NAME: _____
 LOCAL/HOME ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____

 LIST ALL PARTNERS OR CORPORATION OFFICERS INCLUDING THE QUALIFIED PERSON FOR CORPORATE LICENSES WHEN THEY ARE NOT AN OFFICER OF THE CORPORATION:

<u>NAME AND POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has the business or any member of the firm ever held a contractor's license or been a member of a firm so licensed in the City of Great Bend?

Yes _____ No _____

If yes, state name and address of licensee, type of license held and periods covered.

2. State in detail (or attach) education information, construction qualifications, and experience of each member of the firm, as well as, the resident supervisor to be in charge of work: _____

3. State name, address, phone number and job description of three (3) job references associated with the respective trade being applied for: _____

4. Certificate of Insurance: All licenses are required to have a current certificate of insurance on file at all times. Insurance certificates are REQUIRED to be provided on an Acord form with "City of Great Bend" named as the certificate holder. (Information sheet available)

Certificate of Insurance: Issued By _____
Policy No. _____

5. Surety Bond: Surety bonds are required for Demolition Contractors (Class G) and House Mover Contractors (Class H). (Information sheet available)

Surety Bond: Issued By _____
Bond No. _____

6. Individual Trade Certificates Required: All individual employees working for an electrical, mechanical or plumbing contractor in the City of Great Bend are required to hold an individual certificate. Each employee is required to complete a certificate application. Certificate fees are NOT included in licensing fees. Testing information is required for all Masters and Journeymen. (Separate applications available)

Name of Certified Master _____
Type of Certificate _____
Expiration Date _____

WARNING: Statements made in this application are subject to verification. False or misleading statements may be cause for disapproval of the application.

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand a false statement in answering questions on this application is justification for revocation of a license.

NOTE: An individual must sign this application personally. A partnership application must be signed and acknowledged by each member. A corporation application must also be signed by an officer of the corporation legally authorized to sign corporate documents.

BUSINESS NAME _____

APPLICANT'S
SIGNATURE _____ TITLE _____
(Qualified Person)

SIGNATURE _____ TITLE _____
(Partner)

SIGNATURE _____ TITLE _____
(Partner)

SIGNATURE _____ TITLE _____
(Corporation Officer)

State of _____
County of _____

On this _____ day of _____, 20 ____, he/she/they personally appeared before me whose identity I proved on the (basis of satisfactory evidence) or (proved on the oath/affirmation) of _____, a credible witness to be the signer of the above instrument, and he/she/ they acknowledged that he/she/they executed it.

Subscribed and sworn to before me, a notary public in and for the County and State aforesaid.

Notary Public

My commission expires _____
(Stamp & Date)