



City of Udall

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 _____

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 or for property damage caused by the builder or building contractor. (Chap 4 Buildings and Construction, Art2 Building Code 4-223)

(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	
Building Permit	_____
Electrical/Mechanical	_____
Plumber/Sewer	_____
	\$ _____

Applicant Signature: _____

Reviewed and referred to City of Udall by:

_____ Maintenance Superintendent

Approved by Udall City Council this _____ day of _____, 20____

Forward to:
CITY OF UDALL
P O Box 410
UDALL, KS 67146

Mayor, City of Udall

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