

CITY OF ELLIS, KANSAS
APPLICATION FOR NEW CONTRACTOR'S LICENSE

(Please **PRINT LEGIBLY** on the application)

Name of Company _____

Doing business as: Individual
 Partnership
 Corporation

FIN/EIN/SSN _____ Phone _____

Full Business Address _____
Street City St Zip

Mailing Address _____
Street City St Zip

Email Address _____

TYPE OF LICENSE

See attached list of license definitions. * Requires proof of passing trade exam.

Attach the appropriate license fee --- \$75.00 for EACH two-year license type.

- General Contractor* Roofing Unlimited* Plumbing with Gas*
- Building Contractor* Roofing Limited Plumbing* Tree Trimming
- Residential Contractor* Electrical* Mechanical* Irrigation Sprinkler*
- Limited-House Wrecker Limited-Siding Limited-Excavation Limited -Masonry
- Limited-House Mover Limited-Concrete Limited-Minor Construction

EXAM VERIFICATION

List all applicable trade exams. **Attach a copy of the document certifying examination results.**

EXAM _____ SCORE _____ EXAM DATE _____ EXAM SITE _____
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Per KSA 12-1509 and 1542, all **plumbers, electricians** and **HVAC technicians** must earn 12 credit hours of continuing education every 2 years to keep their license(s).


Attach copies of all continuing education certificates for the past 24 months.

Per KSA 50-6, 121 through 50-6, 136, all **roofing contractors** must obtain a roofing contractor registration certificate from the Kansas Attorney General in order to legally provide roofing services for a fee in Kansas.

Attach a copy of the State of Kansas roofing contractor registration.

As a condition for licensure, I certify I have _____ years of experience doing the type of work I will be performing, directing or supervising.

Has any bonding/insurance company, in the last five years, completed or made financial settlements upon any contract in which you, or any of you, were involved? _____ If yes, attach detailed statement.

Application continues on back page 

OWNERS, PARTNERS, OFFICERS

NAME	POSITION	ADDRESS

EMPLOYEES

Attach a list if you need more space to list all your employees.

NAME	POSITION

JOB REFERENCES

NAME	ADDRESS, CITY, ST	PHONE	DESCRIPTION

AFFIRMATION

▶▶▶ Application must be notarized to be valid. ◀◀◀

The above statements are true and correct to the best of my knowledge and belief.

Signature Title Date

Subscribed and sworn to before me this _____ day of _____, 20____.

SEAL

Notary Public

***** FOR OFFICE USE ONLY *****

FEE PAID \$ _____ RECEIPT # _____

EXAM: N/A GRANDFATHERED CERTIFICATE COPY

ROOF CERTIFICATE: N/A CERTIFICATE COPY

CEU: N/A CERTIFICATE COPIES NUMBER OF HOURS: IN LAST 24 MONTHS P _____ E _____ M _____
PRO-RATA (_____) P _____ E _____ M _____

INS CERTIFICATE: CERTIFICATE COPY

APPLICATION APPROVED BY _____ DATE _____