

CITY OF CLAFLIN

PO Box 383

111 East Hamilton

Clafin, KS 67525-0383

(620) 587-3707

To Whom It May Concern,

In accordance with the Ordinances of the City of Clafin, Kansas, any person or persons who perform services for another person, firm or corporation in the City of Clafin, classified as construction, plumbing, electrical, heat and air, and tree trimming services, shall be deemed a contractor and shall be required to secure a license before performing any such services in the city.

Such licenses will be on a calendar year basis and are due January 1 of each year. The fee for each license is **\$25.00**.

A certificate of insurance is required for all contractors in the amount of \$500,000 each occurrence limit. **Anyone working on a crew, who is considered an independent contractor and/or is not covered by workers compensation as an employee, will be required to obtain a license and carry general liability insurance. This also applies to sub-contractors.**

It is the responsibility of the contractor to make sure all required permits have been applied for and approved before beginning any work. Failure to do so may result in the contractor license being revoked and denial of a future license.

If there are any question regarding these matters, please contact the city office.

CITY OF CLAFLIN, KANSAS
APPLICATION FOR CONTRACTOR'S LICENSE

- _____ Electrical
- _____ Plumbing/Sewer
- _____ Mechanical/Heating/Air Conditioning
- _____ Building (also for remodeling, roofing, siding)
- _____ Tree Trimming Services

Fees: \$25.00 per license per year. All licenses expire on the 31ST of December of each year.

BUSINESS NAME _____

NAME OF APPLICANT _____

BUSINESS ADDRESS _____ PHONE: _____

CERTIFICATE OF INSURANCE: (Attach to this application)

Insurance Company: _____ Phone: _____

Insurance Agent Name: _____

It is the responsibility of the contractor to make sure all required permits have been applied for and approved before beginning any work. Failure to do so may result in the contractor license being revoked and denial of a future license.

I hereby certify that the statements contained in this application are true and correct and that all business operations conducted under such license will be in compliance with City Ordinances of the City of Claflin.

Date: _____ Signature: _____

For Office Use Only

Date Application Approved: _____ Fee \$ _____ Received by: _____

Fax – 620-587-3915