

Phone: 620-587-3707 Fax: 620-587-3915 e-mail: cityofclaflin@hbcomm.net

P.O. Box 383 Claflin, KS 67525

**APPLICATION FOR CONTRACTOR'S LICENSE**

\_\_\_\_\_ Electrical

\_\_\_\_\_ Plumbing/Sewer

\_\_\_\_\_ Mechanical/Heating/Air Conditioning

\_\_\_\_ Building (also for remodeling, roofing, siding, excavating)

\_\_\_\_\_ Tree Trimming Services

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

BUSINESS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

NAME OFAPPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 follow City Ordinances of the City of Claflin.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

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