

License No: _____

New Renewal Annual 1/2 of Annual
(Any license issued on or after July 1 shall be issued upon payment of one-half the annual license fee)

Fees \$ _____
(City Staff Will Provide)

Receipt No. _____
(City Staff Will Provide)

_____ this _____ day of _____,
Approved By Public Officer

_____ this _____ day of _____,
Issued By City Clerk

| License Type (fill all boxes that apply with an X to make selection) | General | Limited | Private |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Builder/Building Contractor (Code 2012; 4-220) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Electrician/Electrical Contractor (Code 2012; 4-324) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Plumber/Plumbing Contractor, Gas-Fitter (Code 2012; 4-422) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> House Wrecker/Mover, Sign Hanger, Panel Poster (Code 2012; 4-220) | | | |
| <input type="checkbox"/> Building Mover/Hauler/Transporter (Code 2012; 4-506) | | | |

I, hereby make application for a License as cited above in order to conduct business within the City of Medicine Lodge, KS 67104.

| | |
|---------------------------------|----------------------|
| Name/Name Of Business | <input type="text"/> |
| Physical Address | <input type="text"/> |
| Mailing Address | <input type="text"/> |
| City State Zip | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |
| Home Office If Not Local | <input type="text"/> |
| Primary Contact Person | <input type="text"/> |

APPLICATION FOR LICENSE

Mail Or Hand-Carry Application & Fee To City Of Medicine Lodge, 114 W. First, Medicine Lodge KS 67104

Liability Insurance Coverage (Code 2012: 4-224; 4-328; 4-426; 4-504)

Total \$: **\$100,000 for death or one (1) person injury; \$300,000 for death or any number person injury; \$50,000 property damage for one (1) accident. Certificate of Insurance Must Be Submitted or Attached (policy issued by a Kansas licensed company only)**

Type Of Building Work In Which Applicant Will Be Engaged (check all that apply):

| | | | | | | | |
|--------------------------|---------------------|--------------------------|--------------|--------------------------|----------------|--------------------------|---------------|
| <input type="checkbox"/> | general contracting | <input type="checkbox"/> | plastering | <input type="checkbox"/> | lathing | <input type="checkbox"/> | excavating |
| <input type="checkbox"/> | roofing | <input type="checkbox"/> | metal work | <input type="checkbox"/> | foundationwork | <input type="checkbox"/> | paper hanging |
| <input type="checkbox"/> | siding | <input type="checkbox"/> | sign hanging | <input type="checkbox"/> | cement work | <input type="checkbox"/> | masonry |
| <input type="checkbox"/> | waterproofing | <input type="checkbox"/> | painting | <input type="checkbox"/> | house wrecking | <input type="checkbox"/> | house moving |

Type Of Electrical Work In Which Applicant Will Be Engaged (check all that apply):

| | | | | | |
|--------------------------|------------|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Installing | <input type="checkbox"/> | Maintaining | <input type="checkbox"/> | Extending wiring system and/or all appurtenances, apparatus or equipment |
| <input type="checkbox"/> | Inside | <input type="checkbox"/> | Attached to building, structure, lot or premises | | |
| Materials | | | | | |

Type of Plumbing Work In Which Applicant Will Be Engaged (check all that apply):

| | | | | | |
|--------------------------|---------------------|--------------------------|---------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Install | <input type="checkbox"/> | Alter | <input type="checkbox"/> | Reconstruct |
| <input type="checkbox"/> | Plumbing | <input type="checkbox"/> | Plumbing system | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Pipes | <input type="checkbox"/> | Fixtures | <input type="checkbox"/> | Apparatus |
| Connections supplying | | <input type="checkbox"/> | Gas | <input type="checkbox"/> | Water |
| <input type="checkbox"/> | For removing liquid | <input type="checkbox"/> | For removing water-borne wastes | <input type="checkbox"/> | Vent system |
| <input type="checkbox"/> | Vent system | <input type="checkbox"/> | Gas System | <input type="checkbox"/> | Water distribution system |
| Materials | | | | | |

Type of Building Moving/Hauling/Transporting In Which Applicant Will Be Engaged (check all that apply):

| | | | | | | | |
|--------------------------|-------|--------------------------|----------|--------------------------|---------|--------------------------|--|
| <input type="checkbox"/> | House | <input type="checkbox"/> | Building | <input type="checkbox"/> | Derrick | <input type="checkbox"/> | Other <input style="width: 100px;" type="text"/> |
|--------------------------|-------|--------------------------|----------|--------------------------|---------|--------------------------|--|

Length of time engaged in this type work: (months/years)

List places same work conducted within the past two (2) years (attach separate sheet if necessary):

| | |
|---------------------------------|----------------------|
| Name Of Business | <input type="text"/> |
| Physical Address | <input type="text"/> |
| Mailing Address | <input type="text"/> |
| City State Zip | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |
| Home Office If Not Local | <input type="text"/> |
| Primary Contact Person | <input type="text"/> |

| | |
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| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |
| Home Office If Not Local | <input type="text"/> |
| Primary Contact Person | <input type="text"/> |

I understand each such license shall set forth the kind of contract work in which the licensee may engage. The licensee shall display his or her license at any place where he or she may be engaged in contract work or produce the same on demand of any city officer. All licenses shall be renewable annually as in the case of an original license on or before the first day of January of the year for which issued. It shall be unlawful for any person, firm or corporation to contract for any kind of work covered by this article without having a valid license issued by the city to perform such work (Code 2012). I understand each license can be revoked for non-compliance per Article 4 of Code 2012. _____ (initial as having read)

I hereby certify that the above information is true and correct to the best of my knowled ge. If any material information provided by the applicant is later determined to be false, omitted, misrepresented, or incorrect, the license is automatically revoked, null, and void. I hereby agree and bind myself to conduct business in accordance with all requirements of the International Building Code, 2006 Edition; National Electrical Code, 2005; and/or Uniform Plumbing Code, 2009 Edition, as applicable, and other ordinances of the City of Medicine Lodge, Kansas. _____ (initial as having read)

Signature of Applicant or Authorized Agent

Date

FOR OFFICE USE ONLY

Rejected: _____

Reason: _____

_____.

_____ Date: _____

Public Officer