

SECTION I: COMPANY INFORMATION

Company Name: _____

License Type (circle all that apply): A B C DE DF DFA DM DP DR DS DW
(SEE DEFINITIONS IN INSTRUCTIONS FOR WHAT EACH COVERS)

If applying for a Class A, B, or C, please answer the additional question below:

List any specialties you intend to conduct work (concrete, roofing, demolition, etc.):

Owner/Applicant Name: _____

Company Contact Name: _____
(This can be the owner, the qualifying individual, a stakeholder, secretary, or other authorized individual)

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Company E-Mail: _____

Has the contractor/firm or any qualifying individual working for the contractor/firm ever had a professional license or registration to perform work as a contractor, suspended or revoked, in any jurisdiction, due to being disciplined, fined, sanctioned, or cited? Yes____ No____

If yes, attach supporting documentation. Include jurisdiction, action taken, dates, etc.

For Office Use Only – REV. 01/08/26

LICENSE# 2026-_____ RECEIPT # _____

PAID CC/CK # _____ RECEIVED BY: _____

SECTION II: QUALIFYING INDIVIDUAL(S) & PERMITTEES

- **Qualifying Individual (QI):** With the QI in place, the company/firm can obtain a contractor's license in its name. The company/firm must have at least one full-time employee (defined as working a minimum of 30-hours per week conducting the tasks specified by the respective license type) designated as the *Qualifying Individual (QI)*. The company/firm may have more than one QI, however **every** QI must meet the continuing education requirement. Failure to maintain a QI will result in the company/firm's license being inactivated and permits not issued.

- The QI must meet specific initial education requirements (attached to this application).
- The QI must attain a minimum of eight (8) hours of approved continuing education per license type for the company/firm to renew from year to year.
- Each QI must complete the next page.

RE: Building Permits & Regulations = In unincorporated Johnson County, building permits are issued by Johnson County Building Codes. Outside of that, building permits are issued at the city level. When a building permit is issued in the company/firm's name, the company/firm must comply with **Johnson County Contractor Licensing Regulations** (Resolution 076-24) and be subject to the jurisdiction of the Johnson County **Contractor Licensing Review Board (CLRB)**.

QI First & Last Name	QI Date of Birth	QI E-mail

- **List Your Permittees:** Persons authorized to obtain permits on behalf of the Company.

First & Last Name	Date of Birth	First & Last Name	Date of Birth

NOTARY AGREEMENT FOR A QUALIFIED INDIVIDUAL

I, _____,
Signature of Qualifying Individual **Print Name** of Qualifying Individual

the undersigned, hereby acknowledge the following:

1. Acknowledgment of Credential Use

I understand and agree that my professional credentials, qualifications, and experience will be used to support the application of _____ **[Company Name]**, for a contractor's license with Johnson County Contractor Licensing.

2. Compliance with Qualifications

I confirm that I meet the necessary qualifications required to be designated as the Qualified Individual for the above-mentioned firm in accordance with applicable laws and regulations governing contractor licenses in Johnson County, Kansas. I affirm that my credentials are current, valid, and in good standing.

3. Agreement to Meet Continuing Education Requirements

I agree to meet all ongoing continuing education requirements as mandated by the Johnson County Contractor Licensing regulations and agree to maintain my eligibility as the Qualified Individual for _____ **[Company Name]**. I further understand that failure to comply with such requirements will result in the firm's contractor's license being inactivated.

4. Truth and Accuracy of Submissions

I attest that all information, documents, and credentials submitted to this licensing authority in support of the contractor's license application are true, accurate, and complete to the best of my knowledge.

5. Affirmation of Voluntary Participation

I understand that my role as the Qualified Individual is voluntary and that I am fully aware of the responsibilities and obligations associated with this position.

IN WITNESS WHEREOF, the undersigned has executed this Agreement as part of their application for a contractor's license.

State of _____ County of _____

On this ____ day of _____, 2026, before me, the undersigned Notary Public, personally appeared _____ **[Name of Signer]**, who is personally known to me or has provided satisfactory proof of identity, and who, being duly sworn, did execute the foregoing instrument and acknowledged that they executed the same as their free and voluntary act for the purposes therein set forth.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Signature of Notary Public: _____
Printed Name of Notary Public: _____
My commission expires: _____

NOTARY

Any false statements made in this application may result in license suspension or revocation.

Johnson County does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, genetic information, or other circumstance prohibited by federal, state, or local law, rule, or regulation, including Title II of the Americans with Disabilities Act. A request for accommodation for a disability, or other assistance, should be made, if possible, at least 3 days in advance, to the Legal Services Department at 913-715-1900.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

SECTION III: U.S. Standard Demographic Questions (*optional*)

We invite applicants to share the demographic background of the owner/applicant. If you choose to answer these questions, your responses may be used for future program planning and reporting. Your responses to the demographic questionnaire will not be used in any way during the review of your application and will have no impact on the status of your application.

How would you describe your gender identity? (circle one)	Man
	Non-Binary
	Woman
	I prefer to self-describe:
How would you describe your racial/ethnic background? (circle one)	I do not wish to answer
	Black or African Descent
	Asian
	Hispanic, Latinx, or Spanish Origin
	Indigenous, American Indian, or Alaska Native
	Hawaiian or Pacific Islander
	White or European
How would you describe your sexual orientation? (circle all that apply)	I prefer to self-describe:
	I do not wish to answer
	Asexual
	Bisexual
	Gay
	Heterosexual
	Lesbian
Do you identify as transgender?	Queer
	I prefer to self-describe:
	I do not wish to answer
	Yes
Do you have a disability or chronic condition (physical, visual, auditory, cognitive, mental, emotional, or other) that substantially limits one or more of your major life activities, including mobility, communication (seeing, hearing, speaking), and learning?	No
	I prefer to self-describe:
	I do not wish to answer
	Yes
Are you a veteran or active member of the United States Armed Forces?	No
	I prefer to self-describe:

	I do not wish to answer

Age (in years)	Under 15
	15 – 25
	25 – 35
	35 – 45
	45 – 55
	55 – 65
	Over 65
	I do not wish to answer
Religion	Baha'i Faith
	Buddhist
	Catholic
	Christian
	Hinduism
	Islam
	Judaism
	Mormon
	Protestant
	Sikhism
	I do not wish to answer