City of Hays
Planning, Inspection, & Enforcement
1002 Vine Street
Hays, KS 67601
Phone 785-628-7310
Fax 785-628-7352

Required Documents
Completed Application
Insurance Information
Valid Identification
License Fee

APPLICATION FOR TRADE CONTRACTOR'S LICENSE

*Building Contractor License

_____General Contractor (A) _____Building Contractor (B) _____Residential Contractor (C)

*Skilled Trade License

_____ Plumbing
_____ Plumbing with Gas
_____ Mechanical
_____ Electrical
_____ **Irrigation Sprinkler
_____ **Roofing Limited Residential
_____ Roofing Unlimited
All Roofing Contractors requires State of Kansas Roofing Registration

Limited License

_____ Excavation
_____ Demolition
_____ Concrete
_____ Masonry
_____ Sign
_____ Foundation
_____ House Moving
_____ Limited Fencing
_____ Limited Solid Fuel Burning
_____ Limited Sheetrock
_____ Limited Siding
_____ Limited Swimming Pool

* Requires proof of passing exam of 75% from Prometric or ICC.
** Indicates test only available through Prometric.

License renewals are due Dec 31 of every odd numbered year. **Date of Application**_____

_____
Company Name Email Address

_____
Company Address (Street) (City) (State) (Zip)

_____
Mailing Address (Street) (City) (State) (Zip)

_____
Company Phone Company Fax # Cell Phone

_____
Owners Name Owners Phone Number

_____
Person Holding Master Certificate

Name, address and Phone Number of three job references associated with the respective trade being applied for along with the job description:

NAME	ADDRESS	PHONE #	JOB DESCRIPTION

Application continues on back page

I/We hereby certify that the application information is true and correct and that I/we have read and understand the requirements applicable to issuance of this license.

_____

SIGNATURE TITLE

_____

SIGNATURE TITLE

SUBSCRIBED AND SWORN to before me this _____day of _____, 20_____.

My Commission Expires_____ Notary Public _____

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FOR OFFICE USE ONLY

Insurance Provider: _____

Address_____City_____State_____Zip_____

Phone _____Certificate of Liability/Occurrence _____

Certificate of Liability/Aggregate_____

Date application approved: _____ Fee Paid_____

Date application denied: _____ Insurance Received_____

Received by _____ Proof of Passing Exam_____