



# City of Rose Hill Contractor's License Application - 2016

***A Certificate of Insurance (general liability, automotive liability, and Kansas workman's compensation) listing the City of Rose Hill as an additional certificate holder MUST accompany this application. Contractor must also supply a copy of a current license from one of our reciprocating jurisdictions (Wichita, Sedgwick County, Andover, etc.) that is comparable to the contractor class for which they are applying, or provide a copy of their accredited competency test certificate.***

### General Contractors

_____ Class A General	\$250.00
_____ Class B Building	\$150.00
_____ Class C Residential	\$100.00

### Class D & Miscellaneous Contractors

_____ Fence	\$70.00
_____ Other _____	\$70.00
_____ Roofing (only)	\$70.00
_____ Roofing & Siding	\$70.00
_____ Siding (only)	\$70.00
_____ Sign Hanging	\$70.00
_____ Structure Moving	\$70.00
_____ Swimming Pool	\$70.00
_____ Window Replacement	\$70.00
_____ Wrecking	\$70.00 + must have Indemnity bond of \$5000

### Trade Contractors

_____ Master Electrical	\$100.00
_____ Master Plumber	\$100.00
_____ Master Mechanical	\$100.00

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Business conducted as: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

Qualified person who passed examination:

Name: \_\_\_\_\_ License: \_\_\_\_\_ E-mail: \_\_\_\_\_

Has this person been listed as a Qualified Person for any other company (past or present) that has applied as a Contractor to the City of Rose Hill? (This question must be answered.)

NO  YES -- Company(s): \_\_\_\_\_

Person(s) authorized to obtain permits and request inspections:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list below the full name, title, phone number and address of an individual owner, all partners and/or officers of the company:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

***IN SUBMITTING THIS APPLICATION, I (we) understand and agree to see that all construction performed under authorization of this contractor's license is performed to at least the minimum standard of the governing code as adopted by the City of Rose Hill.***

***I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand that any falsification of information on this application is justification of revocation of the license.***

_____	_____	_____	_____
Qualified Person's Signature	Date	Officer/Partner/Co-Owner Signature	Date
_____	_____	_____	_____
Officer/Partner/Co-Owner Signature	Date	Officer/Partner/Co-Owner Signature	Date

**\*\*\* ONCE APPROVED, THIS LICENSE WILL BE GOOD UNTIL DECEMBER 31<sup>ST</sup>, 2016. \*\*\*  
(CONTRACTOR IS REQUIRED TO UPDATE/RENEW THEIR CONTRACTOR'S LICENSE ON AN ANNUAL BASIS.)**

Official Use Only – to be completed by the City of Rose Hill

Date Rec'd: \_\_\_\_\_ State Lic. #: \_\_\_\_\_ City Lic. #: \_\_\_\_\_ Ins. Expires: \_\_\_\_\_

Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_