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**Contractor's License Application For:
Electrical, Plumbing and HVAC Mechanical Contractors**
(Ord. # 2007-2929)
(A separate application must be filed for each type of contractors license)

- 1. Business Name: _____
- 2. Business Address: _____
(Street) (City) (State) (Zip)
- 3. Mailing Address: _____
(If different from above) (Street) (City) (State) (Zip)
- 4. Business Phone: _____ Fax: _____
- 5. Cell phone: _____ Email: _____
- 6. FIN/EIN: _____
(Circle One) FIN= Federal Identification Number; EIN= Employer Identification Number

Contractor License Type and Insurance Requirements

- (Circle ONLY one)
- | | | |
|-----------------------|---------------------|----------------------------|
| Electrical Contractor | Plumbing Contractor | HVAC Mechanical Contractor |
|-----------------------|---------------------|----------------------------|
- 7. Is this application for? (Circle ONLY one) New License Renewal
 - 8. Is a copy of the insurance certificate attached? Yes No Cancellation Clause included? Yes No
 - Certificate of Liability: \$ _____ Workman's Compensation\$ _____

Certification Type and Qualification

- 9. Designated Master Name: _____
- 10. Address: _____
(Street) (City) (State) (Zip)
- 11. Certification Status: "Grandfathered" _____ Certified tested _____
- 12. Testing agency: _____ Date Passed: _____
- 13. City and State Exam Given: _____ Attach Copy _____
- 14. List all employees, license numbers and certification status working under this contractor's license (if applicable):

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

(Signature) (Printed Name) (Date)

For Office Use Only

FEE: **\$25.00** Receipt #: _____ Date: _____

Application acceptance status: _____

License Year: _____
License Number: _____
Expiration Date: _____