



|                             |
|-----------------------------|
| <b>For office use only:</b> |
| Year: _____                 |
| License No.: _____          |

**APPLICATION FOR SPECIALTY CONTRACTOR LICENSE  
RENEWAL APPLICATION**

**License Type Please Check One**

- CONCRETE  DEMOLITION  FIRE ALARM & COMMUNICATION  HOOD/SPRAY BOOTH SUPPRESSION   
 FIRE SPRINKLER  FRAMERS/ERECTORS  MASONRY  LAWN/LANDSCAPE IRRIGATION   
 ROOFING  ROW CONCRETE  SIGN  SWIMMING POOL

**PLEASE TYPE OR PRINT ALL INFORMATION**

**COMPANY INFORMATION**

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

MAILING ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

COMPANY PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PROVIDE ONE:      FIN = Federal Identification Number      EIN = Employer Identification Number      SSN = Social Security Number

OWNERS NAME \_\_\_\_\_ OWNERS PHONE \_\_\_\_\_

**INSURANCE INFORMATION**

NAME OF INSURANCE COMPANY (LIABILITY) \_\_\_\_\_ AGENT'S NAME \_\_\_\_\_ AGENT'S PHONE NUMBER \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

***In Accordance with Salina Code Sec. 8-195 a minimum of \$500,000 of public liability insurance is required and workers compensation maybe required by the State of Kansas.***

**QUALIFYING INDIVIDUAL**

PLEASE PRINT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- *An individual may not be the qualified individual for more than one licensee; however, this individual may be the qualified individual for multiple building contractor licenses for the same licensee.*
- *If the originally designated qualified individual for a provisional building contractor licensee becomes no longer associated with the licensee for any reason (the "date of disassociation") the provisional building contractor license shall terminate and be of no further force or effect. The licensee shall immediately notify the city clerk in writing of the date of disassociation. The licensee shall not be allowed to substitute any other person as the designated qualified individual unless that individual is qualified in accordance with Section 8-175.1. No further permits or inspections shall be granted to the licensee from the date of disassociation until the licensee has designated a qualified individual in accordance with Section 8-173. If the licensee has not designated a qualified individual in accordance with Section 8-173 within thirty days after the date of disassociation, work on all permits previously issued to the licensee shall be suspended until the licensee has designated a qualified individual in accordance with Section 8-173.*

.....  
PLEASE INITIAL EACH STATEMENT INDICATING YOU HAVE READ AND UNDERSTOOD EACH AFFIDAVIT.

I understand that my license will no longer be valid if for any reason my Qualified Individual is no longer employed by this company. \_\_\_\_\_ ← (Initial Here)

I understand that if a new Qualified Individual is declared he or she must meet all requirements as specified in the Salina Code. \_\_\_\_\_ ← (Initial Here)

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

---

PRINT NAME

SIGNATURE

DATE

---

**For Office Use Only**

Date Application Approved: \_\_\_\_\_

Application Approved/Denied by \_\_\_\_\_

Date Application Denied: \_\_\_\_\_

Good through 12/31/\_\_\_\_\_

---

|                      |                   |             |                    |
|----------------------|-------------------|-------------|--------------------|
| Amount Paid \$ _____ | Receipt No. _____ | Date: _____ | Received By: _____ |
|----------------------|-------------------|-------------|--------------------|