

City of Anthony
124 S Bluff Avenue / P.O. Box 504
Anthony, Kansas 67003
Ph. 620-842-5960
Fax 620-842-5753

APPLICATION FOR CONTRACTOR'S LICENSE

Application is hereby made to the City of Anthony for a Contractor's License, to practice the applicable trade within the jurisdictional boundaries of the City of Anthony in Kansas. Harper County and other Cities within Harper County require a separate license for work within those areas.

Please check all licenses applied for:

General Contractor: _____

Specialty Trades Contractor:

_____ Electrical

_____ Mechanical

_____ Plumbing

Limited:

_____ Concrete and Masonry

_____ Roofing

_____ Wood and Framing

_____ Siding and Window

_____ Elevator Contractor

_____ Fire Protection

_____ Pool and Spa

_____ Demolition

License Information:

Company Name: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____ E-mail: _____

Type of Ownership: (circle one) Sole Proprietor Partnership LLC Corporation

Other (please specify): _____

Does this company have a license in another Kansas Jurisdiction? _____ Yes _____ No
(If yes, please provide a copy.)

State Permit Numbers (if required): _____

Owner Information:

Name: _____

Address: _____

Phone Numbers: _____

Qualification Information:

Name of Qualified Individual: _____

Position: _____ How Long with Company: _____

Qualification: _____

(Must provide verification as required by Statute, for example: ICC, IAPMO, or Prometric test results, etc.)

I hereby acknowledge that the preceding information is true and correct. I have read and understand the licensing requirements for the City of Anthony as they pertain to the license for which I am applying. I agree to maintain insurance as required by the code at all times during the year for which I am licensed and agree to provide a copy of said Insurance to the Licensing Agency, listing the **City of Anthony** as the **Certificate Holder** for the policy. I also certify that upon issuance of this license, operations of the above named company and its employees will be in strict accordance with applicable local regulations.

Note: A qualified individual must sign this application personally. A partnership application must be signed by all partners. A corporate application must be signed by an officer of the corporation.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Type of verification provided: _____ For: _____

Type of verification provided: _____ For: _____

Type of verification provided: _____ For: _____

Type of verification provided: _____ For: _____

Approved by: _____ Date _____