



City of Salina
 City Clerk's Office
 300 W. Ash, Room 206
 P.O. Box 736
 Phone: (785) 309-5735
 Fax: (785) 309-5738

<p>For office use only: Licensing Year: _____ License No.: _____ Date Issued: _____</p>

**APPLICATION FOR SKILLED TRADE CONTRACTORS LICENSE
 RENEWAL APPLICATION**

Plumbing Contractor Mechanical Contractor Electrical Contractor
 Mobile/Manufactured Home Contractor Solid-Fuel Appliance Contractor

PLEASE TYPE OR PRINT ALL INFORMATION

COMPANY INFORMATION

 BUSINESS NAME

 Email Address

 BUSINESS ADDRESS

 BUSINESS PHONE

 FAX

 CELL PHONE

 MAILING ADDRESS

PROVIDE ONE:

FIN = Federal Identification Number

EIN = Employer Identification Number

SSN = Social Security Number

 OWNERS NAME

INSURANCE INFORMATION

Insurance Company/Agent Name: _____ Email Address: _____

Address _____ Phone _____

MASTER SKILLED TRADE INFORMATION

Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company:

(Example: Applying for a Plumbing Contractor License means you must list at least **ONE** Master Plumber.)

Name: _____

City of Salina Master License # _____

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.

Date: _____ Print Name: _____ Signature: _____

For Office Use Only

Date Application Approved: _____

Valid Through _____

Date Application Denied: _____

Fee \$ _____ Paid by Receipt No. _____ Date: _____ Received By: _____
