



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

For office use only:

Year: _____

Registration No.: _____

New _____ Renewal _____

APPLICATION FOR CRAFTSMAN REGISTRATION RENEWAL

A CRAFTSMAN REGISTRATION ALLOWS A CONTRACTOR TO PERFORM THE FOLLOWING WORK:

DRYWALL	FLOOR COVERING	INSULATION
MILLWORK	PAINTING	SIDING
CEILING (Finishing/Installing Ceiling Grid/Tile)		FENCING (Permit required if over 6')
MOVING A BUILDING/STRUCTURE (Permit Required)		RETAINING WALLS (Permit required if over 4' from footing)
WINDOWS AND DOORS (No change in rough opening & no new framing of opening)		

A CRAFTSMAN REGISTRATION IS ALSO REQUIRED FOR THE FOLLOWING SPECIALTY WORK WHEN THE WORK IS BEING PERFORMED AS A **SUB CONTRACTOR** TO A **GENERAL CONTRACTOR**

STRUCTURAL CONCRETE	RIGHT-OF-WAY CONCRETE	ROOFING	CONCRETE
FIRE SPRINKLER	FIRE ALARM & COMMUNICATION	FRAMERS OR ERECTORS	
DEMOLITION	MASONRY	SWIMMING POOLS	SIGNS

BUSINESS NAME _____ EMAIL ADDRESS _____

BUSINESS ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

BUSINESS PHONE _____ FAX _____ CELL PHONE _____

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

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

OWNERS NAME _____

INSURANCE INFORMATION

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

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

In accordance with Section 8-195 a minimum of \$500,000 per occurrence is required and worker's compensation required by the State of Kansas.

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/Denied: _____ Good through 12/31/ _____

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