



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: _____	
License No.: _____	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>

APPLICATION FOR SKILLED TRADE CONTRACTOR LICENSE

License Type Please Check One

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

PLEASE TYPE OR PRINT ALL INFORMATION

COMPANY INFORMATION

COMPANY NAME _____ EMAIL ADDRESS _____

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 _____

MASTER SKILLED TRADE INFORMATION

Name of Master Skilled Trade 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.)

MASTER NAME: _____

CITY OF SALINA LICENSE NUMBER _____

INSURANCE INFORMATION

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

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

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

Application Approved/Denied by _____ Date ____/____/____ License Valid through 12/31/_____

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