

New License _____
Renewal License _____



133 W. 8th St.
PO Box 112
Russell, KS 67665
Phone: 785-483-6311
Fax: 785-483-4397

2016 Contractors License Application

(Registration expires December 31st of each calendar year)

Complete and return the application along with the appropriate fees to the City of Russell, in care of the Building, Planning & Zoning Department.

Company Name: _____
(Must match name and address on Certificate of Insurance)

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

Phone: () _____ Primary contact? Yes/No

Cell: () _____ Primary contact? Yes/No

Email: (optional) _____

Liability Insurance Carrier: _____ Expiration: _____
YOU MUST PROVIDE A COPY OF YOUR LIABILITY INSURANCE WHEN APPLYING FOR YOUR LICENSE

**The City of Russell must be listed as the Certificate Holder of liability insurance, including projects and completed operations for \$100,000 or more per occurrence, per license type.

**If for any reason your Insurance is not current or has expired, your license with the City of Russell will be revoked.

Model Codes
2000 IPC, IFGC, IMC
2002 NEC
2012 IBC, IRC, IFC

License No: _____
(Office use only)

COMPLETE INFORMATION ON BACK

Applicant's Statement

I acknowledge that this application will be considered by the City Council at its next regularly scheduled meeting and I certify that the information contained herein is true and accurate to the best of my knowledge. I agree to comply with all City ordinances and codes and to hold the City harmless on any damages that may arise from faulty work or neglect of duty on my part.

Signature of Applicant

Date

~ Please choose the type of license in which you are applying for below.
Print names in the appropriate categories (If applicable). (Attach extra sheet if necessary)

GENERAL (\$50) _____
RENEWAL (\$25-RECEIVED BY DEC. 09, 2016)

	CEU'S/TEST SCORE		CEU'S/TEST SCORE
_____	____/____	_____	____/____
_____	____/____	_____	____/____

ELECTRICAL (\$50) _____
RENEWAL (\$25-RECEIVED BY DEC. 09, 2016)

MASTER	CEU'S/TEST SCORE	JOURNEYMAN	CEU'S/TEST SCORE
_____	____/____	_____	____/____
_____	____/____	_____	____/____

PLUMBING (\$50) _____
RENEWAL (\$25-RECEIVED BY DEC. 09, 2016)

MASTER	CEU'S/TEST SCORE	JOURNEYMAN	CEU'S/TEST SCORE
_____	____/____	_____	____/____
_____	____/____	_____	____/____

MECHANICAL (\$50) _____
RENEWAL (\$25-RECEIVED BY DEC. 09, 2016)

MASTER	CEU'S/TEST SCORE	JOURNEYMAN	CEU'S/TEST SCORE
_____	____/____	_____	____/____
_____	____/____	_____	____/____

QUALIFICATIONS – List education, training, experience and any jurisdictions you have been licensed. Include names and qualifications of all persons employed working under this license. (Attach extra sheet if necessary)
ROOFING CONTRACTORS MUST ATTACH STATE OF KANSAS ROOFING CERTIFICATE.

City Staff Review – The undersigned have reviewed this application:
Building Official: _____ Date: _____

City Council Action – By order of the City Council of the City of Russell this application is:
Approved () Disapproved () Date: _____

IF THIS APPLICATION HAS BEEN DISAPPROVED, STATE ALL REASONS:

