

Contractor's License Application Packet

REQUIRED DOCUMENTS MUST BE SUBMITTED IN ONE PACKET.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTS.

- I. Please see the Arkansas City Municipal Code Chapter 14 Sections 14-195-14-197 for further details.
- a. https://library.municode.com/ks/arkansas_city/codes/code_of_ordinances
- II. **CONTRACTORS SUBJECT TO LICENSURE:**
- a. All licenses shall expire on December 31 of even-numbered years
- b. Establishing the contractor is qualified through one of the following means:
- i. Providing proof of passing by at least 75 percent the test designated by K.S.A. 12-1501 et seq., or the applicable examination issued by the International Code Council. State Recognized Exams that are accepted:
1. **International Code Council**
 2. **Block and Associates**
 3. **Experior**
 4. **Thomson/Prometric**
- ii. Demonstrating to the building official's satisfaction that said contractor is qualified to perform the work, as specified below, by providing an equivalent license issued by another state or municipality; or
- iii. Demonstrating to the building official's satisfaction that said contractor is qualified to perform the work, as specified below, including by providing proof of obtaining a bachelor's degree in engineering, architecture, construction management or construction science from an accredited university (which will qualify the contractor to obtain only one permit per license per calendar year)
- III. **SURETY (LICENSE & PERMIT) BOND REQUIREMENTS:** Per Municipal Code Section 14-195(b): Every electrical, plumbing, private sewage disposal, mechanical, general, building, residential and limited contractor shall furnish to the city a good and sufficient surety bond in the sum of \$4,000.00.
- a. Every contractor licensed with the City of Arkansas City is required to carry a bond.
- b. This will be obtained through your insurance company.
- c. The bond forms the insurance company uses is acceptable.
- IV. **INSURANCE REQUIREMENTS:** Per Municipal Codes Section 14-195 (c): Contractors must purchase and maintain such insurance as will protect him from claims under workers compensation laws, disability benefit laws or other similar employee benefit laws. **The insurance shall be written for not less than:**
- | | |
|--|---|
| a. General/Building: | b. Residential: |
| i. \$1,000,000 Personal/\$2,000,000 Aggregate | i. \$500,000 Personal/\$1,000,000 Aggregate |
| c. Limited: | d. Sign Installer/Hanger: |
| i. \$300,000 Personal/\$600,000 Aggregate | i. \$300,000 Minimum Liability Coverage |
| e. Workman's Compensation: Section 14-195 (5): All contractors must provide workers compensation (as required by law) and shall include contractual liability insurance. If there are no employees, the Workman's Comp Waiver is required to be signed and notarized. | |
- V. Any contractor that does any roofing must be registered with the State of Kansas. View the requirements on <http://ag.ks.gov/in-your-corner-kansas/home>.

LICENSE APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTS SUBMITTED TOGETHER AS ONE PACKET:

- | | | |
|--|---|---|
| <input type="checkbox"/> License Application | <input type="checkbox"/> Testing Certificate/Equivalent | <input type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Work Comp/Waiver | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Kansas Roofing Certificate |

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APPLICATION FOR CONTRACTOR'S LICENSE

Check License Type:

- General Contractor \$400.00
- Building Contractor \$300.00
- Residential Contractor \$200.00
- Sign Hanger/Installer \$200.00

Limited Contractor:

- Concrete Contractor..... \$150.00
- Drywall/Plastering Contractor \$150.00
- Masonry Contractor \$150.00
- Roofing Contractor ** \$150.00
- Backflow Prevention Contractor * \$150.00
- Carpenter/Handyman Contractor * \$150.00
- Demolition Contractor * \$150.00
- Fence Contractor * \$150.00
- Fire Sprinkler Contractor * \$150.00
- Res. Swimming Pool Contractor * \$150.00
- Window/Siding Contractor * \$150.00

*** Does Not Require Testing**

**** Requires State Roofing Registration Number**

Company Name: _____

Company Address/City/State/Zip: _____

Company Phone: _____

Owner Name: _____

KS State Roofing #: _____

Email: _____

List the main contact person(s) of the company (EX: President, CEO, Job Foreman etc.):

Name: _____

Individual Owner

Partner

Officer

Name: _____

Individual Owner

Partner

Officer

Please answer the following questions:

1. Business is: Individual Sole Proprietorship Partnership Corporation
2. Has any bonding company or surety, in the past five years, completed or made financial settlements upon any contract which you, or any of you, were interested? Yes (Please attach a detailed statement) No
3. Have there been any lawsuits engaged in with property owners for services rendered or performed by your company in the previous three years? Yes (Please attach a detailed statement) No
4. Number of years' experience in the type of work covered by the license category being applied for: _____
5. **Do you have working knowledge of applicable City Municipal Codes and the 2015 ICC Codes?** Yes No

PERMITTEES: List of personnel authorized to obtain permits under this license:

I UNDERSTAND THE ISSUANCE OF THE LICENSE/CERTIFICATE IS CONDITIONED UPON COMPLIANCE WITH CITY ORDINANCES AND THE RESULTS OF ANY OF PREMISES WHERE WORK WILL BE DONE OR ANY SUBSEQUENT INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I WILL ALSO SUPPLY THE REQUIRED DOCUMENTATION TO THE NEIGHBORHOOD SERVICES DIVISION BEFORE MY LICENSE CAN BE ISSUED.

Print Name: _____ Signature: _____

Date: _____ Title: _____

NOTE: AN INDIVIDUAL MUST SIGN THIS APPLICATION PERSONALLY. A CO-PARTNERSHIP APPLICATION MUST BE SIGNED AND ACKNOWLEDGED BY EACH MEMBER. A CORPORATION APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION.

City of Arkansas City | Neighborhood Services Division

118 West Central Ave | PO Box 778 | Arkansas City, KS 67005

Phone: 620.441.4420 | Fax: 620.441.4403

Workman's Compensation Waiver

If the company has no employees, the following statement must be signed by the owner/operator of the company and witnessed by a Notary.

I, _____, as owner of _____, am
(Print Name) (Company Name)

not required by applicable Kansas Statutes to maintain workers compensation coverage and therefore request to be exempted from providing evidence of such coverage to the City of Arkansas City. I understand that at any time in the future I come within the coverage requirements of the Kansas Workers Compensation Act, I must provide workers compensation insurance coverage as required by the State of Kansas.

Signature

Date

State of _____)
 _____)
 County of _____)

SS.

This instrument was signed or attested before me on this _____ day of _____, 20____

Notary Public Signature

My Appointment Expires

NOTE PER KANSAS NOTARY HANDBOOK:

A notary public cannot perform any notarial act if the notary has a direct financial or beneficial interest in the transaction. A notary public has a direct financial interest if the notary is named individually as a principal to the financial transaction. If the transaction involves real property, the notary has direct financial or beneficial interest if named individually as a party to the transaction (i.e., grantor, grantee, mortgagor, mortgagee, etc.). A notary public does not have any financial or beneficial interest in a transaction when the notary public acts in the capacity of an agent, employee, insurer, attorney, escrow agent, or lender for a person having a direct financial or beneficial interest (K.S.A. 53-109).