



Sedgwick County...  
working for you



Metropolitan Area Building  
and Construction Department

271 W. 3rd St. N., Ste 101, Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

## CONTRACTOR LICENSE APPLICATION

NEW \_\_\_\_\_ (If new, there is a \$50 application fee) RENEWAL \_\_\_\_\_ INACTIVE \_\_\_\_\_

**CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, AUTO, AND WORKMAN'S COMP MUST BE ON FILE. PLEASE CHECK WITH YOUR INSURANCE AGENT TO ENSURE THAT ALL CERTIFICATES OF INSURANCE ARE CURRENT WITH THIS OFFICE.**

All licenses expire December 31<sup>st</sup> of every *even* year. There is a grace period without penalty through January 31<sup>st</sup>.  
*No permits or inspections will be issued or scheduled* after December 31<sup>st</sup> unless license and certificate(s) of insurance are renewed.

Biennial license renewal fees after January 31<sup>st</sup> of the renewal year will be:

- **February 1<sup>st</sup> through 28<sup>th</sup> (or 29<sup>th</sup>):** License fee + 25% of license fee for penalty.
- **After February 28<sup>th</sup> (or 29<sup>th</sup>):** License fee + 50% of license fee for penalty.

**Make all checks payable to  
MABCD**

MABCD LICENSE – 2 YRS	FEE	MABCD LICENSE – 2 YRS	FEE	MABCD LICENSE – 2 YRS	FEE
CLASS A	\$1000	FIRE SPRINKLER	\$360	SIGN	\$360
CLASS B	\$600	MOBILE HOME INSTALLER	No fee*	SWIMMING POOL	\$360
CLASS C-RESIDENTIAL	\$450	ROOFING	\$360	WRECKING	\$360
CLASS D – RESIDENTIAL MAINT.	\$360	ROOFING & SIDING	\$360	NOT OTHERWISE	\$360
CELL TOWER	\$360	SIDING	\$360		

\*Mobile Home Installers are licensed with the State of Kansas and there is no fee for renewal with MABCD. **However, all installers must submit a biennial application to update their information for our records**

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address (If Different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Conducted As:**      **Individual:** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_ **LLC:** \_\_\_\_\_

### QUALIFIED PERSON WHO PASSED EXAMINATION

(Name) \_\_\_\_\_ (License Number) \_\_\_\_\_ (Email) \_\_\_\_\_

### PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:

Name: \_\_\_\_\_ Office or Position: \_\_\_\_\_

Name: \_\_\_\_\_ Office or Position: \_\_\_\_\_

Name: \_\_\_\_\_ Office or Position: \_\_\_\_\_

**(PLEASE COMPLETE BACK SIDE)**

**THE FOLLOWING MUST BE ANSWERED:** Has the Qualified Person been listed as the Qualified Person for any other company, past or present, in the City of Wichita or Sedgwick County? \_\_\_\_\_

**IF YES LIST COMPANIES:**

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_\_

List below the full name, title, and address of individual owner, all partners or officers. Include the Qualified Person for corporate licenses when not an officer in the corporation:

*Qualified Person*

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Officer/Partner/Co-Owner*

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Officer/Partner/Co-Owner*

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION, I (we) understand and agree to see that all construction performed under authorization of my contractor's license is performed to at least the minimum standard of the governing code as adopted by the City of Wichita and Sedgwick County, Kansas.**

**INITIALS:** \_\_\_\_\_

**I/We certify that the statements contained herein are true to the best of my/our knowledge and belief. I/We understand any falsification of information on this application is justification for revocation of a license.**

_____	_____	_____	_____
Qualified person (must be owner or full time employee)	Date	Officer/Partner/Co-owner	Date
_____	_____	_____	_____
Officer/Partner/Co-owner	Date	Officer/Partner/Co-owner	Date

**NOTE: An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed and acknowledged by each member. A CORPORATION application must be signed by an officer of the corporation legally authorized to sign corporation documents. The QUALIFIED PERSON must always sign.**

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**OFFICE USE  
ONLY**

Issue License \_\_\_\_ Refuse License \_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_