



**Metropolitan  
Area Building &  
Construction  
Department**

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

## CONTRACTOR LICENSE APPLICATION

NEW \_\_\_\_\_ (If new, additional \$50 Application fee applies) 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 are:**

- **February 1<sup>st</sup>- 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 YEARS	FEE	MABCD LICENSE – 2 YEARS	FEE	MABCD LICENSE – 2 YEARS	FEE
CLASS A	\$1000	FIRE SPRINKLER	\$360	SWIMMING POOL	\$360
CLASS B	\$600	MOBILE HOME INSTALLER	No Fee*	WRECKING	\$360
CLASS C – RESIDENTIAL	\$450	ROOFING	\$360	NOT OTHERWISE	\$360
CLASS D – RESIDENTIAL MAINT.	\$360	SIDING	\$360		
CELL TOWER	\$360	ROOFING & 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**

**DATE:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Business Email:** \_\_\_\_\_

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

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

**Business Type: Individual:** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_ **LLC:** \_\_\_\_\_

### QUALIFIED PERSON WHO PASSED EXAMINATION

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Qualified Person’s Email)

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

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

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

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

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

(PLEASE COMPLETE BOTH PAGES)

**THE FOLLOWING MUST BE ANSWERED:**

1. 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 COMPANIE(S):**

\_\_\_\_\_

2. **Have the Owner(s) or Qualified Person ever been convicted of a Felony?** \_\_\_\_\_

Below list the full name, title, and address of the individual owner, all partners, or officers. Include the Qualified Person for corporate licenses when they are 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.**

**CEO/President/Owner 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

\_\_\_\_\_  
CEO/President/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.

**OFFICE USE ONLY**

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

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

(PLEASE COMPLETE BOTH PAGES)