

New Contractor Renewal Application

Office Use Only - License Number: _____

CONTRACTOR LICENSE APPLICATION

Company Name: _____

License Holder Name: _____

Company Address: _____

City / State / Zip: _____

Business Phone: _____

Alternate Phone: _____

Fax: _____ Email: _____

Type of Work: _____

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Please select one contractor classification per application. If licensing as a roofing contractor (S6) you must submit proof of successfully completing the registration requirements pursuant to the Kansas roofing registration act.

- | | |
|--|---|
| <input type="checkbox"/> Class A | <input type="checkbox"/> S3 – Fire Protection / Alarms |
| <input type="checkbox"/> Class B | <input type="checkbox"/> S4 – Foundation / Flatwork |
| <input type="checkbox"/> Class C | <input type="checkbox"/> S5 – Non-Specialist (Provisional Only) |
| <input type="checkbox"/> Class D (Accessory Structures Only) | <input type="checkbox"/> S6 – Roofing (attach Kansas certification) |
| <input type="checkbox"/> Master Electrician | <input type="checkbox"/> S7 – Siding / Windows / Framing |
| <input type="checkbox"/> Master Mechanical | <input type="checkbox"/> S8 – Sign |
| <input type="checkbox"/> Master Plumber | <input type="checkbox"/> S9 – Site Utility |
| <input type="checkbox"/> S1 - Elevator | <input type="checkbox"/> S10 – Towers |
| <input type="checkbox"/> S2 – Excavation / Landscaping / Pools | Other Cities/Counties you possess a license: |

Applicant understands that the City of Paola, Kansas has adopted the 2006 Edition of the IBC, IRC, IMC, IPC, IFGC, IWUIC, IECC, IPSPDC, ICCPC, ICCEC, IFC, and the 2005 Edition of the NEC. The applicant further agrees to comply with these requirements and all other applicable Local, State, and Federal regulations. A certificate of insurance is required to be submitted with all applications for contractor licenses. Applicants for Class A, B, C, Master Electrician, Master Mechanical, Master Plumber, and Roofing shall submit certification test results or state certifications. By signing below, I acknowledge all information provided above to be true and correct to the best of my knowledge.

Signature: _____

Date: _____



LICENSE AND REGISTRATION FEES Pursuant to Paola Municipal Code Section 500.100	
General Contractor (Class A, B, C or D)	\$150.00
Master Electrician	\$150.00
Master Mechanical	\$150.00
Master Plumber	\$150.00
Class S – Special Trades	\$100.00
All current year contractor licenses expire on December 31st. Submit license renewals prior to January 31st of the following year for a \$25 credit.	
Please submit a separate application for each contractor license.	
For each additional license holder in the same license classification, a fee of \$50 will apply. An application form and all applicable documentation shall be submitted.	
For contractors holding multiple classifications of licenses, the first shall be at the full license amount with additional licenses for the same licensee being \$50 per license.	
When insurance coverage expires, the license shall be considered to expire by limitation. The license will not be reinstated until an original Certificate of Insurance as required by Section 4-405 of this code has been submitted and a reinstatement fee in accordance with Table 4-411 is paid.	
Any construction permits that the license holder possesses shall be considered to be null and void when the holder of the license or one of the designated contractors on the construction project authorized by a construction permit has an expired license or when insurance coverage has lapsed.	
Penalization for working in the City of Paola without a required contractor's license will result in double fees of the contractor's license and building permit.	