

APPLICATION FOR CONTRACTOR LICENSE



City of Kansas City, Missouri
City Planning & Development Department
Contractor Licensing Branch
5th Floor, City Hall
414 East 12th Street
Kansas City, Missouri 64106-2792
Telephone: (816) 513-1500 x 6
Fax: (816) 513-1519

Application fee: \$53.00
License fee: \$161.00
Total due: _____
Reason for application: _____
Account number: _____

Check one of the following license categories:

- | | |
|--|---|
| <input type="checkbox"/> Demolition contractor class I | <input type="checkbox"/> Fire protection contractor class III |
| <input type="checkbox"/> Demolition contractor class II | <input type="checkbox"/> Gas-fired appliance contractor |
| <input type="checkbox"/> Electrical contractor class I | <input type="checkbox"/> Heating and ventilating contractor |
| <input type="checkbox"/> Electrical contractor class II | <input type="checkbox"/> Pipe fitting contractor |
| <input type="checkbox"/> Electrical contractor class III | <input type="checkbox"/> Plumbing contractor |
| <input type="checkbox"/> Elevator contractor class I | <input type="checkbox"/> Refrigeration contractor |
| <input type="checkbox"/> Elevator contractor class II | <input type="checkbox"/> Residential building contractor |
| <input type="checkbox"/> Fire protection contractor class I | <input type="checkbox"/> Sign contractor |
| <input type="checkbox"/> Fire protection contractor class II | |

I, _____
(Name and title of applicant—must be company owner, principal, officer, or managing employee)

residing at: _____
(Street address) (City) (State) (Zip)

do hereby make application to obtain a contractor license to do work in the City of Kansas City, Missouri, under the name of:

(Name of company or company d.b.a., if any) (Telephone number)

The company's address is: _____
(Street address) (City) (State) (Zip)

This company is a: _____
(Check one.) Proprietorship (Name of owner: _____)
 Partnership (Name of partners: _____)
 Corporation (Name of corporation: _____)

The qualified supervisor is: _____
(Name of supervisor)

Supervisor's home address: _____
(Street address) (City) (State) (Zip)

Supervisor's certificate type: _____ Supervisor's certificate number: _____

If said license is granted, I agree to become familiar with and obey all of the rules and regulations of the Kansas City, Missouri, Building and Rehabilitation Code (Chapter 18, Code of Ordinances), which may be purchased on the 5th floor of City Hall. I understand that failure to comply with any of the requirements contained therein shall be grounds for suspension or revocation of any license issued under the authority of Chapter 18.

I also understand that the license is issued provided that the above supervisor remains in the direct employ of this company in a full-time, active capacity and that, should the supervisor named above leave the employ of this company or otherwise cease to fulfill the supervisory responsibilities in the manner outlined in Chapter 18, CPD-DS shall be notified in writing within ten days of termination of the supervisor's employment or eligibility; and a new license application naming a new qualified supervisor shall be filed, with appropriate fees, within thirty days of such notification. I understand that, if I fail in my responsibilities at either of these junctures, my license shall be immediately suspended. I also understand that any change in business name, ownership, status, or personnel shall render this license invalid on the tenth day following such change.

I affirm that I am not an owner, officer, partner, principal, shareholder, managing employee, member of the board, or other official of any entity whose contractor license is currently suspended or revoked; nor am I in any manner affiliated with such an entity.

This application is subject to review by the Building Official or a designee. I understand that the application fee is nonrefundable, whether or not this application is accepted.

Date: _____ Signed: _____
(Named applicant's signature—must be company owner, principal, officer, or managing employee)*

Insurance expiration date: _____ Cash deposit, if applicable: _____

Date: _____ Approved by: _____
(Building Official or designee)

****All partners of a partnership or L.L.C. company must sign this application in order for the City to accept it.***



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 Development Services
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Date: _____

Supervisor's name: _____

Supervisor's home address: _____

City, state, zip: _____

I, _____, do agree to become the qualified supervisor for
(Name of supervisor)
 _____.
(Name of company) I hold a current
 _____ certificate, number _____.
(Type of certificate) (Account number)

I understand that, according to the Kansas City, Missouri, Code of Ordinances, Chapter 18 (the Kansas City, Missouri, Building and Rehabilitation Code), I am to be the named supervisor for only one licensed contractor; that I must be in the direct employ of that contractor in an active, full-time capacity; that I must exercise such direct supervision and control of my employer's construction operations as is necessary to ensure compliance with the appropriate codes; that I am responsible for notifying the Building Official immediately when I leave the employ of the licensee for whom I am the designated supervisor or when I cease in any manner, in whole or in part, to fulfill the supervisory role therefor.

I also understand that my failure to comply with any of the certificate holder responsibilities outlined in the Kansas City, Missouri, Building and Rehabilitation Code shall be grounds for suspension or revocation of my certificate of qualification.

(Supervisor's signature)