

GENERAL CONTRACTORS LICENSE APPLICATION

Name: _____

Business Address: _____

Telephone Number: _____

Contractor's Liability Insurance Carrier: _____

Amount of Insurance Carried:

Personal Injury Amount: \$ _____

Property Damage Amount: \$ _____

List of Services the Contractor provides: _____

I hereby state that I am familiar with the Uniform Building Code as it is adopted by the City of St. John, Kansas, and further state that I will follow the building code to the best of my ability as it applies to any particular trade I have listed above as it pertains to any construction performed within the City of St. John, Kansas. I further state that the liability insurance information is complete and accurate and that I am in compliance with the Kansas Workmen's Compensation law as enacted by the State of Kansas.

Signature: _____