



City of Bel Aire, Kansas
Department of Community Development
Building and Zoning

7651 E Central Park Ave Bel Aire, Kansas 67226
316-744-2451 ext. 120 Fax 316 744-3739
Class D License

APPLICATION FOR:

NEW _____ RENEWAL _____ BOND EXPIRATION _____
LICENSE FEE: \$ 75.00/yr. LICENSE # (IF RENEWING) _____

- _____ **Plumbing License/Gas Fitters**
- _____ **Electrical License**
- _____ **Mechanical License**
- _____ **Swimming Pool Contractor License**
- _____ **Roofing & Siding Contractor License**
- _____ **Roofing Contractor License**
- _____ **Siding Contractor License**
- _____ **Wrecking Contractor License (Bonding required)**
- _____ **Solar Heating Installation Contractor License**
- _____ **Fire Sprinkler Contractor License**
- _____ **Maintenance Contractors License**
- _____ **Lawn Sprinkler License**
- _____ **Other _____ (Combination)**

PROOF OF INSURANCE (Faxed to City Hall)

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

TELEPHONE _____ FAX _____

E-mail _____

BUSINESS CONDUCTED AS: INDIVIDUAL PARTNERSHIP CORPORATION
(circle one)

Personnel of business:

Name	Office or Position
_____	_____
_____	_____
_____	_____

Person(s) Authorized To Obtain Permits and Request Inspections:

Name:	Office or Position:
_____	_____
Name:	Office or Position:
_____	_____
Name:	Office or Position:
_____	_____

The following **MUST** be answered:

1. Are there any liens, suits or judgments now pending against you or the business party?_____
2. Have you or the organization filed for bankruptcy during the past year?_____
3. Who is financially responsible for the business?_____

IN SUBMITTING THIS APPLICATION, IT IS UNDERSTOOD THAT THE APPLICANT WHOSE SIGNATURE APPEARS BELOW AGREES TO COMPLY WITH THE PROVISIONS OF THE CODES, ORDINANCES AND RESOLUTIONS APPLICABLE AND THAT IT IS UNLAWFUL FOR A LICENSEE TO ALLOW HIS/HER NAME OR LICENSE TO BE USED BY ANOTHER, AND FARTHER THAT A LICENSE MAY BE REVOKED FOR REASON OF MISREPRESENTATION OF FACTS IN OBTAINING SUCH LICENSE.

DATE _____
Signature (OWNER)

Do you want your company name listed on the Bel Aire website?

Yes No

What is your specialty you would like listed? _____

NOTE: This application and payment by check or money order for the license are to be returned to the City of Bel Aire, Department of Community Development, 7651 E. Central Park Ave., Bel Aire, Kansas 67226.

OFFICE USE ONLY

_____ Issue the License _____ Reject the License

Date _____ Approved by: _____