

CITY OF HAYSVILLE

Public Works Department 401 S. Jane PO Box 404 Haysville, KS 67060 Phone: 316/529-5940 | Fax: 316/529-5945 permits@haysville-ks.com

Irrigation Contractor License Application CERTIFICATE OF INSURANCE REQUIRED

License.....\$50.00

Master Certificate.....\$20.00

Journeyman Certificate.....\$10.00

(Please list Master and Journeyman Certificate holders below)

(Pursuant to Section 4-102 of the Haysville City Code,

A copy of the current business license with the City of Wichita and/or MABCD must be included)

Business Organization: ____Individual ____Partnership ____Corporation _____

Name of qualified person who passed examination

Name of Company_____

| Business Address | | | |
|------------------|--|--|--|
| _ | | | |
| | | | |

| City | State | Zip |
|------|-------|------------|
| • | | - - |

| Business Phone | Mobile # | Fax # |
|----------------|----------|-------|
| - | | - |

Email_____

Master

| <mark>Signature of qualified person:</mark> Date | Journeyman | |
|---|------------|--|
| Authorized to secure permit: | | |

For office use only:

*Please include a copy of current license with MABCD.

Receipt No._____

MABCD License #_____

Certificate of Insurance_____

License No._____