

License # _____

(Assigned by City of Abilene)

Please submit this form to:

Community Development

419 N Broadway

Abilene, KS 67410

785-263-2355

kolson@abilenecityhall.com



Application for License - All Contractors

Contractor Licensing Fees

Due at time of application submission.

Payments made by credit/debit card are subject to a \$3.95 processing fee.

All payments are non-refundable.

Plumbing - \$200

HVAC - \$200

Electrical - \$200

Roofing - \$200

Tree Services - N/A

COMPANY NAME: _____

OWNER'S NAME: _____

ADDRESS: _____

City/State/Zip: _____

PHONE: _____

EMAIL: _____

ALL CONTRACTORS:

Please provide proof of insurance in the following amounts:

- (1.) Three hundred thousand dollars (\$300,000) for bodily injury liability;
- (2.) Three hundred thousand dollars (\$300,000) for the loss, destruction or injury of any property;
- (3.) Automobile liability insurance in the amount of (\$300,000)

Such policy shall be conditioned or extended to cover and include within its terms all employees, assistants, and agents of the insured.

Roofing ONLY:

KANSAS STATE CERTIFICATION # _____ (Please include a scanned copy of certificate)

Plumbing, HVAC, and Electrical ONLY

TEST SCORES: *Please include a scanned copy of the scores. If needed, include additional names on a separate sheet of paper.*

A minimum score of 75% is required. Accepted exams include those from the International Code Council (ICC), Prometric, and Block & Associates.

Name: _____ Master Journeymen Apprentice Score % _____

Continuing Education Requirement (For Even Years Only):

In even-numbered years, contractors must provide 12 hours of continuing education (CEU) credits for each master and journeyman.

CEU credits submitted for the current even year may be completed anytime during the two prior calendar years (e.g., for 2024, credits may be from 2022-2023). Please include a scanned copy of the credit certificates.

I certify that I have read this application and state that the information provided is accurate. I agree to comply with all city-adopted codes.

All applications are subject to a 3-7 business day review period. Work may not commence until contractor licensing and necessary permits have been submitted and approved. City code may be reviewed at www.abileneks.citycode.net or at the Community Development Department.

Applicant Name: _____

Applicant Signature: _____

DATE: _____