**CITY OF HAYSVILLE**
**Public Works Department**
401 S. Jane
PO Box 404
Haysville, KS 67060
Phone: 316/529-5940 | Fax: 316/529-5945
permits@haysvilleks.gov

# Drain Layer Contractor License Application

## CERTIFICATE OF INSURANCE REQUIRED

*The COI must list the City of Haysville as the Certificate Holder*

License ..... $50.00

*Pursuant to **Section 4-102 of the Haysville City Code**, a copy of the current contractor's license with the MABCD must be included.*

*Please list Individuals authorized to secure building permits in designated section below.*

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:_____

Individuals Authorized to Secure Permits:

_____ _____

_____ _____

Signature of Qualified Person:_____ Date:_____

| OFFICE USE ONLY | | |
|---|---|---|
| Date Application Received:_____ | Fee: _____ | Receipt #:_____ |
| Certificate of Insurance: ☐ Expires:_____ | MABCD License #:_____ | Expires:_____ |
| Date Application Approved:_____ | Haysville Building Contractor's License #:_____ | |