



**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

**DRAIN LAYER CONTRACTOR LICENSE APPLICATION
CERTIFICATE OF INSURANCE REQUIRED**

License..... \$50.00

(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 _____

Authorized to secure permit:

Signature of qualified person: _____

Date _____

***Please include a copy of current license with MABCD.**

For office use only:

Receipt No. _____

MABCD License # _____

Certificate of Insurance _____

License No. _____