CITY OF MOUNDRIDGE, KANSAS

CONTRACTOR REGISTRATION FORM

Registration Year: _____

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1. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Type of Business (check one): ❑ Sole Proprietor ❑ Partnership ❑ Corporation ❑ LLC ❑ _____
Other: _____

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2. OWNER / PRIMARY CONTACT

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

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3. LOCAL CONTACT (IF OUTSIDE MOUNDRIDGE)

Name: _____

Phone Number: _____

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4. TYPE OF WORK (check all that apply)

- ❑ General Contractor
- ❑ Electrical
- ❑ Plumbing
- ❑ HVAC
- ❑ Roofing
- ❑ Concrete
- ❑ Excavation
- ❑ Other: _____

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5. LICENSE INFORMATION

State License Number(s): _____

Issuing Authority: _____

Expiration Date(s): _____

(Attach copies of all applicable licenses)

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6. INSURANCE INFORMATION

General Liability Insurance Carrier: _____

Policy Number:_____

Coverage Amount: _____

Expiration Date: _____

- ❑ Certificate of Insurance Attached

Workers Compensation Carrier: _____

Policy Number: _____

Expiration Date: _____

- ❑ Certificate Attached (or exemption documentation)

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7. ROOFING CONTRACTORS ONLY

(Complete only if performing roofing work)

Kansas Attorney General Registration Number: _____

Expiration Date: _____

❑ Copy of Registration Attached

8. AGREEMENT AND SIGNATURE

I hereby certify that the information provided is true and correct. I agree to comply with all ordinances, codes, and regulations of the City of Moundridge. I understand that failure to comply may result in suspension or revocation of my registration.

Signature: _____

Printed Name: _____

Date: _____

9. FOR CITY USE ONLY

Date Received: _____

Approved By: _____

Registration Number: _____

Expiration Date: _____

Fee Paid: _____

❑ Approved ❑ Denied

Notes: _____