

City of Salina City Clerk's Office 300 W. Ash, Room 206 P.O. Box 736 Phone: (785) 309-5735

Phone: (785) 309-5738

Fax: (785) 309-5738

For office use only:
Licensing Year:
License No.: Date Issued:

APPLICATION FOR SKILLED TRADE CONTRACTORS LICENSE RENEWAL APPLICATION

BUSINESS PHONE FAX CELL PHONE MAILING ADDRESS PROVIDE ONE: FIN = Federal Identification Number EIN = Employer Identification Number SSN = Social Security Number OWNERS NAME INSURANCE INFORMATION	Plumbing Contractor M	lechanical Contractor 🗌 Electr	rical Contractor
BUSINESS NAME	Mobile/Manufactured Home Cont	ractor Solid-Fuel Applianc	e Contractor
BUSINESS NAME	PLEASE	TYPE OR PRINT ALL INFORM	IATION
BUSINESS ADDRESS BUSINESS PHONE		COMPANY INFORMATION	
BUSINESS ADDRESS BUSINESS PHONE	DI ISINESS NAME	Fmail Address	
BUSINESS PHONE	BUSINESS NAIVIE	Litali Addiess	
PROVIDE ONE: FIN = Federal Identification Number EIN = Employer Identification Number SSN = Social Security Number OWNERS NAME INSURANCE INFORMATION Insurance Company/Agent Name:Email Address: Phone MASTER SKILLED TRADE INFORMATION Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company: (Example: Applying for a Plumbing Contractor License means you must list at least ONE Master Plumber.) Name: City of Salina Master License # I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. Date: Print Name: Signature: For Office Use Only Date Application Approved: Valid Through Date Application Denied:	BUSINESS ADDRESS		
PROVIDE ONE: FIN = Federal Identification Number EIN = Employer Identification Number SSN = Social Security Number INSURANCE INFORMATION	BUSINESS PHONE	FAX	CELL PHONE
Insurance Company/Agent Name:Email Address:	MAILING ADDRESS		
Insurance Company/Agent Name:Email Address: AddressPhone MASTER SKILLED TRADE INFORMATION Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company: (Example: Applying for a Plumbing Contractor License means you must list at least ONE Master Plumber.) Name: City of Salina Master License # I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. Date: Print Name: Signature: For Office Use Only Date Application Approved: Valid Through Date Application Denied:	PROVIDE ONE: FIN = Federal Identification Number	EIN = Employer Identification Number	SSN = Social Security Number
Insurance Company/Agent Name:Email Address: AddressPhone MASTER SKILLED TRADE INFORMATION Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company: (Example: Applying for a Plumbing Contractor License means you must list at least ONE Master Plumber.) Name:	OWNERS NAME		
Insurance Company/Agent Name: Email Address:			
MASTER SKILLED TRADE INFORMATION Name of Master Craftsman or Licensed Solid-Fuel Appliance Installer employed by your company: (Example: Applying for a Plumbing Contractor License means you must list at least ONE Master Plumber.) Name: City of Salina Master License # I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. Date: Print Name: Signature: For Office Use Only Date Application Approved: Valid Through			
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Name: City of Salina Master License # I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. Date: Print Name: Signature: For Office Use Only Date Application Approved: Valid Through	Name of Master Craftsman or Lice	ensed Solid-Fuel Appliance Instal	ller employed by your company:
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Date Application Approved: Valid Through Date Application Denied:	Date:Print Name:	Signature: _	
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