



RENEWAL APPLICATION

FOR _____ CONTRACTOR'S LICENSE
(TYPE OF LICENSE)

**WITH THE CITY OF LIBERAL, KANSAS
BUILDING DEPARTMENT**

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY. PLEASE PRINT OR TYPE.

Business Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Email: _____

Name: _____ Phone Number: _____
Owner or Authorized Agent

Address: _____
Street City State Zip Code

Email: _____

LIST ALL MASTERS, JOURNEYMEN, AND APPRENTICES EMPLOYED BY YOUR BUSINESS

NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____
NAME _____	M ___/J ___/A ___	CEU Date _____	Hrs _____

NOTE: Verification of ICC, Prometric or old Block & Assoc. test information must be attached when application is submitted.

I hereby acknowledge that I have read this application and that the statements above are true and complete to the best of my knowledge and belief. I agree to comply with all City Ordinances and State Laws relating to Building Construction in the City of Liberal and I authorize the City of Liberal to verify any or all statements contained herein.

SIGNATURE: _____ DATE: _____
Owner or Authorized Agent

BUILDING INSPECTOR _____ APPROVAL DATE _____