

116 W Main PO Box 273 Solomon KS 67480

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## **Contractor License Application**

Business Name	
Address City	State Zip
Business Phone	_ Cell Phone
Type of Contractor	
Number of Years in Business	License Cost: <u>\$25.00</u> Valid: <i>January 1<sup>st</sup> – December 31<sup>st</sup></i>
Two References (current within last 2 years):	
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Signature of Applicant	Date

## **Provide proof of insurance:**

Liability: \$100,000 for death or injury of any person

\$300,000 for death or injury of any number of persons in any one accident \$500,000 for property damage in any one accident

Policies must be issued by a company authorized to do business in the State of Kansas