

## City of Hoisington Application for License

**MAIL TO:** City of Hoisington  
PO Box 418  
Hoisington, KS 67544

**Business Activity and License Fees**

Electrical Contractor - - - - -	\$90.00	<input type="checkbox"/>
Electrician Certificate - - - - -	\$30.00	<input type="checkbox"/>
General Contractor - - - - -	\$115.00	<input type="checkbox"/>
Limited Contractor - - - - -	\$65.00	<input type="checkbox"/>
Limited Contractor - Roofing - - - - -	\$65.00	<input type="checkbox"/>
Limited Contractor - Signs - - - - -	\$40.00	<input type="checkbox"/>
Limited Contractor Housewreckr - - - - -	\$65.00	<input type="checkbox"/>
Plbg/Gas Fitting/Mech Contract - - - - -	\$90.00	<input type="checkbox"/>
Plumbing/Gas Fitting Certifica - - - - -	\$30.00	<input type="checkbox"/>
Tree Trimmer - - - - -	\$30.00	<input type="checkbox"/>

**TYPE OF LICENSE APPLIED FOR**    New     Renewal

**BUSINESS LICENSE INFORMATION**

Customer ID: \_\_\_\_\_

Name of Business \_\_\_\_\_

If Corporation, Registered Agent \_\_\_\_\_

Type of Ownership \_\_\_\_\_ (Sole Proprietor, Partnership, Corporation, Other)

Name of Ownership (if other than trade name) \_\_\_\_\_

Name of Certificate Holder(s) \_\_\_\_\_

Business Address \_\_\_\_\_

Is your business operated from your home?    Yes     No     Number of years in Business \_\_\_\_\_

Local Manager - Representative \_\_\_\_\_

State Sales Tax No \_\_\_\_\_    Federal ID \_\_\_\_\_

Local Business Phone No \_\_\_\_\_    State Roofing Certificate \_\_\_\_\_

Name of Person Preparing Business License Form \_\_\_\_\_

For new applications list three work references including address and phone number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have a working knowledge of the uniform building, electrical or plumbing codes?    Yes     No

Are you familiar with the City of Hoisington codes?    Yes     No

Are you familiar with the City of Hoisington ordinances regarding permits?    Yes     No

Do you know the requirements for inspections?    Yes     No

Have you provided the City of Hoisington with a Certificate of Insurance?    Yes     No

**EMERGENCY NOTIFICATION (POLICE DEPARTMENT USE ONLY)**

I declare under penalty of perjury in the second degree, that this application has been examined by me, that the statements made herein are made in good faith pursuant to the City of Hoisington City Code, and to the best of my knowledge and belief, are true, correct and complete.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**City of Hoisington Office Approval**

Clerk	Date	Manager	Date
BLAP01	Operator: kloesch	Printed:12/14/2022 9:39:40 AM	1