## **CONTRACTOR REGISTRATIONAPPLICATION**

	GENERAL 🔲 BUILDING 🔲 CONCRETE 🔲 FRAMIN
☐ ELECTRICAL ☐ PLUMBING ☐	☐ MECHANICAL ☐ OTHER:
ADDRESS:	PHONE:
CITY:	FAX:
STATE: ZIP:	
NAME OF LICENSEE:	
CELL NUMBER:	LICENSE HELD:
NAME OF LICENSEE:	
CELL NUMBER:	LICENSE HELD:
NAME OF LICENSEE:	
CELL NUMBER:	LICENSE HELD:
YES NO	CLL NUMBERS AVAILABLE TO THE PUBLIC?
	OFFICE USE ONLY
RECEIVED LICENSE: INSURANCE: FEE:	DATE COMMENTS:
	<del></del>

**CITY OF GREENSBURG** 

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