611 Mulberry Road, Suite 300
Derby, KS 67037
Phone 316-788-6632
Email: permits@derbyweb.com
www.derbyks.com

Application for

ROOFING CONTRACTOR LICENSE

Date of Application: _____ **License Fee: $ 70.00**

<u>All of the Following Documentation is Required for Processing:</u>

1. **Cert. of General Liability Insurance issued to City of Derby for a minimum of $500,000**
2. **Proof of Worker's Compensation Insurance**
3. **Proof of Automobile Liability Insurance**
4. **Photo ID of License Holder**
5. **Application Fee**
6. **Completed Application**
7. **Copy of MABCD License or passing notification of ICC Test**
8. **Copy of State of Kansas Roofing Registration Certificate**

The undersigned make application to the City of Derby for the license listed above. The required fee shall accompany this application when submitted for approval. The undersigned hereby certifies that the answers and statement herein are true and correct to the best of their knowledge and belief.

Applicant Name: _____

Applicant Address: _____

City: _____State: _____ Zip Code: _____

Phone #: _____ Cell #: _____ Email: _____

Company Name: _____

Company Address: _____

City: _____State: _____ Zip Code: _____

Phone #: _____ Cell #:_____ Email: _____

State of Kansas Registration Certificate #: _____

_____
Applicant Signature

_____
Applicant Name Printed