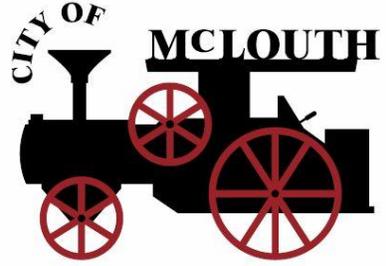


City of McLouth

110 N Union St
McLouth, KS 66054
Office: 913-796-6411
Fax: 913-796-6131
www.CityofMcLouth.org



Contractor's Application

Date: _____

No Fee Required

Permit must be renewed annually

Kansas Tax ID: _____

Name of Contractor: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Doing Business As: _____

Business Address: _____

Business number: _____ Years in Business: _____

Insurance Company: _____

Policy Number: _____

Other Locations where permits has been issued:

I hereby certify that the above application are true and correct to the best of my knowledge and agree to comply with all city regulations set forth in the City of McLouth Code and the laws of the State of Kansas.

Signature of Applicant: _____ Date: _____

Office use Only			
Date Received:		Date Approved:	
Received by:		Permit Number:	
Copy of Insurance Received \$100,00 \$300,000 \$50,000:			