



**CITY OF HAYSVILLE  
Public Works Department**

401 S. Jane  
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Haysville, KS 67060  
Phone: 316/529-5940 | Fax: 316/529-5945  
dsmith@haysville-ks.com  
nstark@haysville-ks.com

**Irrigation Contractor License Application  
CERTIFICATE OF INSURANCE REQUIRED**

License.....\$50.00

Master Certificate.....\$20.00

Journeyman Certificate.....\$10.00

(Please list Master and Journeyman Certificate holders below)

(Pursuant to Section 4-102 of the Haysville City Code,

A copy of the current business license with the City of Wichita and/or MABCD must be included)

Business Organization: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_

Name of qualified person who passed examination \_\_\_\_\_

Name of Company \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Master \_\_\_\_\_  
\_\_\_\_\_

**Signature of qualified person:** \_\_\_\_\_

Journeyman \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**Authorized to secure permit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only:

**\*Please include a copy of current license with MABCD.**

Receipt No. \_\_\_\_\_

MABCD License # \_\_\_\_\_

Certificate of Insurance \_\_\_\_\_

License No. \_\_\_\_\_