

## CITY OF HAYSVILLE Public Works Department

401 S. Jane PO Box 404 Haysville, KS 67060

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## CEMENT CONTRACTOR LICENSE APPLICATION <u>CERTIFICATE OF INSURANCE REQUIRED</u>

License...... \$50.00

Business Organization:	IndividualParts	nershipCorporation	
Name of qualified person w	ho passed examination_		
Name of Company			
Business Address			
City	State	Zip	
Business Phone	Mobile #	Fax#	
Email			
Signature of qualified perso	n:		
Date			
For office use only:			
Receipt No			
Certificate of Insurance			
License No			