



417 Broadway * Larned, KS 67550
P: 620-285-8500 * F: 620-285-8544 * Website: cityoflarned.org

Application for License

City of Larned

Date of Application: _____

Company Name: _____

Owner: _____

Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Type of License: _____

Name of person holding Master Certification: _____

*if applying for a Building Permit Skip to Insurance Company

Date Acquired: _____

Tested by: _____

*copy of certificate required

*Block-Thompson Prometric-ICC

Score: _____

Verified by: _____

*must be 75% or better

Insurance Company Name: _____

*copy of certificate required

Liability Amount: _____

Expiration Date: _____

*Please provide a list of names of all employees to be licensed – Journeyman or Apprentices

License Fee Paid: _____

Approved

Denied

Building Official Signature: _____

Date: _____