	City of Bennington, Kansas pplication for Contractor's License	$P_{d} \sqrt{\frac{4}{22558}}$
Contractor/ Company(Please Print)	D.R.C.L. Electric, Inc	. [0 1]0
Owner's Name(Please Print)	Diane L Hicks	
Contact Person(Please Print)	Diane Hicks or Rick Hicks	
Business Address(Please Print)	PO Box 122	
	Lone Jack, MO 64070	
Business Phone Diane 785-	822-4631 Rick 785-822-5329	
E-mail dianedrcl@yaho	o.com rickdrcl@yahoo.com	

Please select the descriptions below indicating the type of service(s) you provide.

General Construction	Gravel/Soil	Sewer TanksTre	e Trimming
X Electrical	Lot Clearing/ Excavation	Houses/Buildings	Skid Sheds
Fencing	Concrete/Flat Work	Surveyor	Metal Work
Plumbing	Masonry/Retaining Walls	Boat Docks	
Siding/Windows	Heating & Air Conditioning	_Landscaping	
Roofer: KRRA Certificat	e Number(required)		
Other:			

 All contractors, subcontractors or other skilled construction workers hired by the job or by the hour must be licensed by the City, per Ordinances #408. Violations are punishable by a fine up to \$100per violation.

- A Certificate of Commercial General Liability Insurance from an insurance company authorized to do business in the State of Kansas must be provided with this license application, kept current throughout the year and on file at City Hall. Insurance must include products and operations liability of not less than \$300,000 per occurrence and \$600,000 in aggregate.
- Without a current liability insurance certificate on file, your license will be canceled.
- The fee for a license is \$25.00. Per Year

Customer: On the date this document was signed by the Citythe above listed contractor was licensed to do business within Bennington Kansas. This means the contractor has paid a licensing fee and provided documentation of current liability insurance coverage. Expiration dates of liability insurance may vary. To verify current liability insurance for a contractor is on file with the City, contact City Hall (785)488-3767. The fact that a contractor is licensed is not an endorsement of that contractor's work, qualifications, or experience.

I confirm all information provided above is accurate. I agree to the listed provisions above.			
Contractor's Signature Draine 4. Hicks	Date 1/21125		
	Contractor's License.		

Building Codes Enforcement 785-488-7015

785-488-3767 Office 785-488-3375 Fax

122/2 #

Contractor/ Company(Please	Print) A& M Cous	Iniction			
Owner's Name(Please Print)	A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Contact Person(Please Print)	mike or Ame	Liveneood			
Business Address(Please Print)	670 N 170th				
		- KS 67422			
Business Phone	185-488-7709				
E-mail clive	E-mail alivengood 79 equail.com				
Please select the description	Please select the descriptions below indicating the type of service(s) you provide.				
General Construction		Sewer Tanks Tre	e Trimming		
Electrical	Lot Clearing/ Excavation	Houses/Buildings	Skid Sheds		
Fencing	Concrete/Flat Work	Surveyor	Metal Work		
Plumbing	Masonry/Retaining Walls	Boat Docks			
Siding/Windows	Heating &Air Conditioning	Landscaping			
Roofer: KRRA Certificate	Number(required)				

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I confirm all information provided above is accurate. Lagree to the listed provisions above	e.
Contractor's Signature Nike Date Date	132025
City's Signature du anore ul love Lucense Issued 127/2025 E	xpires:Dec 31, 2025
This form, when signed by the City, is your Contractor's License.	
A copy of this license must be available on the job site during constructio	on.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

2025 Application for Contractor's License				
Contractor/Company(Please Print) IAK BROADBAND, UC Owner's Name(Please Print) MICAH MAUNEY				
Contact Person(Please Print) KARI MEDSKER OR LOUIS PEREZ				
Business Address(Please Print) 4401 STECHNOLOGY DR. SIOUX FALLS, 50 57106				
Business Phone 605-362-6630				
E-mail FORMS@TAKCOMMUNICATIONS.COM				
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkMetal Work PlumbingMasonry/Retaining WallsBoat Docks Siding/WindowsHeating & Air ConditioningLandscaping Roofer: KRRA Certificate Number(required)				

City of Bennington Kansas

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ELECOMMUNICATION SERVICES

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VOther: INSTALLATION OF

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I confirm all information provid Contractor's Signature	ed above-is accurate. I agree to the	listed provisions above. Date 12/30/2024		
City'sSignature	License Issued	Expires:Dec 31,2024		
This form, when signed by the City, is your Contractor's License. A copy of this license must be available on the job site during construction.				
Building Codes Enforcement 785-488-7015	785-488-3767 Office 785-488-3375 Fax	P.O. box 415 Bennington, KS 67422		

J Pd 12/30/24

Contractor/ Company(Plea	ese Print) City Plum	Diro Co Inc	
Owner's Name(Please Print)	Contraction of	-+ 3	
Contact Person(Please Print	Craig Stewar	+	×
Business Address(Please Pr	int) 225 N 5-16		
Sal	ina, KS 67401		
Business Phone7	85-825-5459		
E-mail Dilli	ng@ city pha . Co	m	
Please select the descript General Construction	ions below indicating the type of se Gravel/Soil	rvice(s) you provide. λ Sewer Tanks Tree Trir	mming
Electrical	Lot Clearing/ Excavation Concrete/Flat Work	Houses/Buildings Surveyor	_Skid Sheds _Metal Work
X_Plumbing Siding/Windows	Masonry/Retaining Walls	Boat Docks Landscaping	
Roofer: KRRA Certifica Other:	ate Number(required)		

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I confirm all inform	nation provided above is accurate. I agree to the listed provisi	ons above.		
Contractor's Signa	nation provided above is accurate. I agree to the listed provisi	Date 12/26/24		
City'sSignature	License Issued	Expires:Dec 31, 2025		
This form, when signed by the City, is your Contractor's License.				
	A copy of this license must be available on the job site during c	onstruction.		

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

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	nfot
City of Bennington, Kansas $\gamma^{(r)}$	(UN and
2024 Application for Contractor's License	- MS C
Contractor/Company(Please Print) D-STAR HANDYMAN SERVICES Owner's Name(Please Print) DEREK White SR Contact Person(Please Print) Same	theik Weik Wewand Wewand Austrand
Business Address(Please Print) 108 W LEXINGTON ST #4	2
Business Phone 316 - 308 - 3613	
E-mail DSMRHANDYMAN @GMAIL: COM	-
Please select the descriptions below indicating the type of service(s) you provide. X_General Construction X_Gravel/Soil Sewer Tanks X_Tree Trimming Electrical Lot Clearing/ Excavation Houses/Buildings Skid Sheds X_Fencing Concrete/Flat Work Surveyor Metal Work Plumbing Masonry/Retaining Walls `Boat Docks X_Siding/Windows Heating & Air Conditioning X_Landscaping Roofer: KRRA Certificate Number(required)	_
• All contractors, subcontractors or other skilled construction workers hired by the job or by the hour must be licensed by the City, per Ordinances #408. Violations are punishable by a fine up to \$100per violation.	

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I confirm all informa	ition provided above is acc	curate. I agree to the	e listed p	rovisions ab	ove.
Contractor's Signatu				Date	10-23-24
City'sSignature	Aug Hower	License Issued	10/2	3/24	Expires:Dec 31,2024
This form, when signed by the City, is your Contractor's License.					
	A copy of this license must	be available on the j	ob site du	ring construc	tion.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

2.02	City of Benningto	The second se	PLC	11/18/24
Contractor/ Company(Please Prin	t) Eaton Roofing & E	xteriors Inc	Area water party for a particular of the second	tu
Owner's Name(Please Print)	Chad Harrison			2025
Contact Person(Please Print)	Chad Harrison			
Business Address(Please Print)	3821 W Bounous	5+		***
- Maria and Anna and Anna and Anna and Anna an an A	Wichita, KS 67.	213	enner e	
Business Phone	316-943-0600	This is a second se		
E-mail	Charrison @ Eato	Aroofing,com	(x,y) = (x,y) = 0	
Please select the descriptions b General ConstructionG Electrical Fencing Plumbing Siding/Windows		rvice(s) you provide. Sewer TanksTre Houses/Buildings Surveyor Boat Docks andscaping	e Trimming Skid Sheds Metal Work	

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X Roofer: KRRA Certificate Number(required) 19-007451

• The fee for a license is \$25.00. Per Year

Other:

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I confirm all information provided above is accurate. I agree to the listed provisions above.

Contractor's Signature that Havison	Date <u>11/13/2024</u>
City's Signature du anno tory the License Issued 1/1	2025 Expires:Dec 31,2025
) This form, when signed by the City, is your Contra	
A copy of this license must be available on the job site o	luring construction.

Building Codes Enforcement 785-488-7015

785-488-3767 Office 785-488-3375 Fax

Pd V cK. 12/30/24

Contractor/ Company(Please Print) Waddles Htg & Cooling Jnc
Owner's Name (Please Print) Bruce Waddle
Contact Person(Please Print) Bruce Waddle
Business Address(Please Print) 346 72 98 St
Spling Ks 67401
Business Phone 785-827-2624
E-mail bruce Waddlesheating.com
Please select the descriptions below indicating the type of service(s) you provide.
General ConstructionGravel/SoilSewer TanksTree Trimming
ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds

Fencing	Concrete/Flat Work	Surveyor	Metal Work
Plumbing	Masonry/Retaining Walls	Boat Docks	
Siding/Windows	Heating &Air Conditioning	Landscaping	
Roofer: KRRA Certificate	e Number(required)		
Other:			

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I confirm all information provided above is accurate. I agree to the listed provisions above. Contractor's Signature ______ Date _____ Date _____ Date _____ Date ______ Date ______ Expires:Dec 31, 2025 This form, when signed by the City, is your Contractor's License. A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

	City of Benningto	on, Kansas		# 2927
2025/	Application for Co	ntractor's License	9	12/25
Contractor/ Company(Please Print) _	McGee Roofing L			- 10123
Owner's Name(Please Print)	ustin McGee			
Contact Person(Please Print)C	atherine Fenin			
Business Address(Please Print)1	514 18th Rd., Clay Ce	nter, KS 67432		
Business Phone 785-632-6	5357			
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo	bcglobal.net w indicating the type of se	rvice(s) you provide.	NELLISERIAR LANKA MILANI MI	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General ConstructionGra	bcglobal.net w indicating the type of se vel/Soil	rvice(s) you provide. Sewer TanksTr	ree Trimming	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General ConstructionGra ElectricalL	bcglobal.net w indicating the type of se vel/Soil ot Clearing/ Excavation	rvice(s) you provide. Sewer TanksTr Houses/Buildings	ree Trimming	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General ConstructionGra ElectricalL FencingC PlumbingN	bcglobal.net w indicating the type of se vel/Soil ot Clearing/ Excavation oncrete/Flat Work Masonry/Retaining Walls	rvice(s) you provide. Sewer TanksTr Houses/Buildings Surveyor Boat Docks	ree Trimming Skid Sheds	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General ConstructionGra ElectricalL FencingO PlumbingN Siding/WindowsH	bcglobal.net w indicating the type of se vel/Soil ot Clearing/ Excavation oncrete/Flat Work Masonry/Retaining Walls eating &Air Conditioning	rvice(s) you provide. Sewer TanksTr Houses/Buildings Surveyor Boat Docks Landscaping	ree Trimming Skid Sheds	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General Construction Gra Electrical L Fencing C Plumbing N Siding/Windows H X Roofer: KRRA Certificate Numb	bcglobal.net w indicating the type of se vel/Soil ot Clearing/ Excavation oncrete/Flat Work Masonry/Retaining Walls eating & Air Conditioning_ per(required)13-116282	rvice(s) you provide. Sewer TanksTr Houses/Buildings Surveyor Boat Docks Landscaping	ree Trimming Skid Sheds	
E-mail <u>mcgeeroofing@s</u> Please select the descriptions belo General ConstructionGra ElectricalL FencingO PlumbingN Siding/WindowsH	bcglobal.net w indicating the type of se vel/Soil ot Clearing/ Excavation oncrete/Flat Work Masonry/Retaining Walls eating & Air Conditioning_ per(required)13-116282	rvice(s) you provide. Sewer TanksTr Houses/Buildings Surveyor Boat Docks Landscaping	ree Trimming Skid Sheds	

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I confirm all information provided above	is accurate. I agree to the listed	provisions above.
Contractor's Signature	ز	Date 12/16/2024
City'sSignature	License Issued	Expires:Dec 31,2024
	signed by the City, is your Contro	
A copy of this license i	must be available on the job site	during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

12/30/24 PAV

Contractor/Company(Please Print)	
Owner's Name(Please Print) Nathan Wuthnow	ſ
Contact Person(Please Print) Nathan Wuthnow or Julie Potter Secretary)
Business Address(Please Print)	
Abilene, 125 67410	
Business Phone <u>185-2.63-2.661</u>	
E-mail_OFFice@dehnijsplumbing.net	
Please select the descriptions below indicating the type of service(s) you provide.	
General ConstructionGravel/SoilSewer TanksTree Trimming	
ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds	
FencingConcrete/Flat WorkSurveyorMetal Work	
PlumbingMasonry/Retaining WallsBoat Docks	
Siding/WindowsHeating & Air ConditioningLandscaping	
Roofer: KRRA Certificate Number(required)	
Other:	•

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I confirm all info	rmation provided	above is accurate. I agree to the listed pr		
Contractor's Sigr	nature ruleit	elle	Date	12-26-24
City'sSignature _	\bigcirc	License Issued		Expires:Dec 31, 2025
This form, when signed by the City, is your Contractor's License. A copy of this license must be available on the job site during construction.				

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

				•	
Contractor/ Company(Pleas	e Print) AS	CONSTRUCTION	3	1-13	3-25
Owner's Name(Please Print)	A	SOUKUP	<i>.</i>		(H)
Contact Person(Please Print)	Asam	Soukup			-
Business Address(Please Prin	t)324	N. Nelson)		-
	Benn	ington, KS	>		
Business Phone 785	-342-097	9			_
E-mail 01_Souks	p@hotm	ail.com			
Please select the description	ons below indica	ating the type of se	rvice(s) you provide.		
✓ General Construction	Gravel/Soil		Sewer TanksTre	e Trimming	
Electrical	Lot Clear	ing/ Excavation	Houses/Buildings	Skid Sheds	
Fencing	Concrete	/Flat Work	Surveyor	Metal Work	
Plumbing	Masonry	Retaining Walls	Boat Docks		
Siding/Windows					
Roofer: KRRA Certificat	e Number(requir	ed) 20-012	778		

- Other:
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I confirm all information provided above is accurate. I agree to the listed provisions above.			
Contractor's Signature	the gro	Date_	1/8/25
City'sSignature	/ License Issued		Expires:Dec 31, 2025
,	This form, when signed by the City, is your Contractor's Lic	cense.	

A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax



Contractor/ Company(Please Print)
Owner's Name(Please Print) Pete Gancin
Contact Person(Please Print) Pete Concerta
Business Address (Please Print) 1021 west Elm
SALINA KS 67401
Business Phone 8665 2333 785 8(90340
E-mail
Please select the descriptions below indicating the type of service(s) you provide. General Construction Gravel/Soil Sewer TanksTree Trimming Electrical Lot Clearing/ Excavation Houses/Buildings Skid Sheds Encing Concrete/Flat Work Surveyor Metal Work Plumbing Masonry/Retaining Walls Boat Docks

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Heating & Air Conditioning Landscaping

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Roofer: KRRA Certificate Number(required)

• The fee for a license is \$25.00. Per Year

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Siding/Windows

Other:

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I confirm all information provided above is accurate. I agree to the listed provisi	ions above. / / /
Contractor's Signature	Date <u>IO 1/3/2</u> S
City's Signature drate License Issued 13 25	Expires:Dec 31, 2025
This form, when signed by the City, is your Contractor's L A copy of this lice nse must be available on the job site during o	

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

- Other:
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I confirm all information prov	ided above is accurate. I agree to the listed pro	ovisions above.
Contractor's Signature	MANN TATA	Date 12/13 25
City'sSignature	License Issued	Expires:Dec 31, 2025
This	s form, when signed by the City, is your Contractor	r's License.

A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

R C N S

Contractor/Company(Please Print) IAK BROADBAND, LLC
Owner's Name(Please Print) MICAH MAUNEY
Contact Person(Please Print) KARI MEDSKER OR LOUIS PEREZ
Business Address(Please Print) 4401 STECHNOLOGY DR. SIOVX FALLS, 50 57106
Business Phone 605-362-6630
E-mail FORMS@TAKCOMMUNICATIONS.COM
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkSurveyorMetal Work PlumbingMasonry/Retaining WallsBoat Docks Siding/WindowsHeating & Air ConditioningLandscaping
ROOFER: KRRA Certificate Number(required) VOther: INSTALCATION OF TELECOMMUNICATION SERVICES

- All contractors, subcontractors or other skilled construction workers hired by the job or by the hour must be licensed by the City, per Ordinances #408. Violations are punishable by a fine up to \$100per violation.
- A Certificate of Commercial General Liability Insurancefrom an insurance company authorized to do business in the State of Kansas must be provided with this license application, kept current throughout the year and on file at City Hall. Insurance must include products and operations liability of not less than \$300,000 per occurrence and \$600,000 in aggregate.
- Without a current liability insurance certificate on file, your license will be canceled.
- The fee for a license is \$25.00. Per Year

Customer: On the date this document was signed by the Citythe above listed contractor was licensed to do business within Bennington Kansas. This means the contractor has paid a licensing fee and provided documentation of current liability insurance coverage. Expiration dates of liability insurance may vary. To verify current liability insurance for a contractor is on file with the City, contact City Hall (785)488-3767. The fact that a contractor is licensed is not an endorsement of that contractor's work, qualifications, or experience.

I confirm all information provided above-is accurate. I agree to the listed provisions above.
Contractor's Signature Date 12/30/2024
City's Signature drowne Judiorut the License Issued 1/13/2025 Expires: Dec 31,2025
This form, when signed by the City, is your Contractor's License.
A copy of this license must be available on the job site during construction.



Contractor/ Company(Plea	se Print) Atkinson How	ne Works
Owner's Name(Please Print)	Matthew Arkinso	
Contact Person(Please Print)	Matthew Atkins	Øn.
Business Address(Please Pri	nt) 1099 N 190th R	2
Business Phone 🕱 18	5 819 1422	
E-mail		
	ons below indicating the type of ser	
χ General Construction		Sewer TanksTree Trimming
Electrical		X_Houses/Buildings X Skid Sheds
X Fencing	X Concrete/Flat Work	SurveyorMetal Work
Plumbing	Masonry/Retaining Walls	Boat Docks
X_Siding/Windows	Heating & Air Conditioning	Landscaping
	te Number(required)	
Other:		

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I confirm all information provided above is accurate. I agree to the	e listed provisions above.	
Contractor's Signature Mark Rum	Date _1/13/25	ſ
	1/13/2025 Expires:Dec 31, 2	025
) This form, when signed by the City, is your		
A copy of this license must be available on the jo	b site during construction.	

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

Contractor/Company(Please Print) Advinced Ferrec Co
Owner's Name (Please Print) Johnathay Reid
Contact Person(Please Print) Tohuathan Reid
Business Address(Please Print) 2825 W State St
Salina, KS 67401
Business Phone 785-806-3731
E-mail Johnathan, reid advanced fence saling. com

Please select the descriptions below indicating the type of service(s) you provide.

General Construction	Gravel/Soil	Sewer TanksTre	e Trimming
Electrical	Lot Clearing/ Excavation	Houses/Buildings	Skid Sheds
_√ Fencing	Concrete/Flat Work	Surveyor	Metal Work
Plumbing	Masonry/Retaining Walls	Boat Docks	
Siding/Windows	Heating & Air Conditioning	_Landscaping	
Roofer: KRRA Certific	ate Number(required)		
Other:			

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I confirm all information provided above is accurate. I agree to the listed provisi	ions above.
Contractor's Signature	Date_9-9-24
City's Signature Latran Res Julierant Alicense Issued 9/9/24	Expires:Dec 31,2024
This form, when signed by the City, is your Contractor's Li	
A copy of this license must be available on the job site during c	construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

ld cash 250= 2024

Contractor/ Company(Pleas	e Print) Jaes Electric	
Owner's Name(Please Print)		
Contact Person(Please Print)		
Business Address(Please Prin	t) 427 E Ave A.	Salina, KS 69401
Business Phone 735-4 E-mail bre @ "jace		
Please select the description	ons below indicating the type of se	rvice(s) you provide.
General Construction	Gravel/Soil	Sewer TanksTree Trimming
<u> </u>	Lot Clearing/ Excavation	Houses/BuildingsSkid Sheds
Fencing	Concrete/Flat Work	SurveyorMetal Work
Plumbing	Masonry/Retaining Walls	Boat Docks
Siding/Windows	Heating &Air Conditioning	Landscaping
Roofer: KRRA Certificat	e Number(required)	
Other:		

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I confirm all information provided abgive is accurate. I agree to the listed	provisions above.
Contractor's Signature	Date 9-23-24
City's Signature here here full the License Issued 9/2	312024 Expires:Dec 31,2024
This form, when signed by the City, is your Contra A copy of this license must be available on the job site	ctor's License. during construction

Building Codes	Enforcement
785-488-7015	

785-488-3767 Office 785-488-3375 Fax

City of Bennington, Kansas
2025 Application for Contractor's License
Contractor/Company(Please Print) <u>De La Torre Home Improvment</u> Owner's Name(Please Print) <u>Bergio De La Torre</u> Contact Person(Please Print)
Business Address (Please Print) 1001 N 3Ed St Salina Ks 6740/
Business Phone 928) 310 - 9835. E-mail
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkSurveyorMetal Work PlumbingMasonry/Retaining WallsBoat Docks XSiding/WindowsHeating & Air ConditioningLandscaping Other:

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I confirm all information provided above is accurate. I agree to the listed provisions above	ve.
	70/20124
Contractor's Signature p_ h low Date Date	00/x1/~1
City's Signature Leans like Suth License Issued 10 29 24	Expires:Dec 31,2024
This form, when signed by the City, is your Contractor's License.	
A copy of this license must be available on the job site during construction	ion.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

Pa V
City of Bennington, Kansas 2025 Application for Contractor's License
Contractor/Company(Please Print) TRAVIS'S Plumbing Sence UC
Owner's Name(Please Print) TRAVIS LOBDELL
Contact Person(Please Print) Olssica Smith, Office Manager
Business Address (Please Print) 1018W EIM St Stette C Jaline KS (2740)
Business Phone 785 - 643 - 8486
E-mail travis plundsing service Como gman lean
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkSurveyorMetal Work V_PlumbingMasonry/Retaining WallsBoat Docks Siding/WindowsHeating &Air ConditioningLandscaping Roofer: KRRA Certificate Number(required) Other:

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I confirm all information provided above is accurate. I agree to the listed prov	visions above.
Contractor's Signature	Date 12/13/25
City's Signature Identical ullog in hicense Issued 1/27/2	25 Expires:Dec 31, 2025
) This form, when signed by the City, is your Contractor	s License.
A copy of this license must be available on the job site durin	g construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

Contractor/Company(Please Print) AS CONSTRUCTION 1-13-	24
Owner's Name (Please Print) ADAM SOUKUP	C
Contact Person(Please Print) ADAM SOUROP	
Business Address(Please Print) 324 N. Nelson	
Bennington, KS	
Business Phone 78.5-342-0979	
E-mail a_Soukup@hotmail.com	
Places select the descriptions below indicating the type of service(s) you provide	
Please select the descriptions below indicating the type of service(s) you provide.	

General Construction	Gravel/Soil	Sewer TanksTre	e Trimming
Electrical	Lot Clearing/ Excavation	Houses/Buildings	Skid Sheds
Fencing	Concrete/Flat Work	Surveyor	Metal Work
Plumbing	Masonry/Retaining Walls	Boat Docks	
Siding/Windows	Heating & Air Conditioning	Landscaping	
✓Roofer: KRRA Certifica	te Number(required) 20-012	778	
Other:			

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I confirm all information provided above is accurate. I agree to the listed provisions above.	
Contractor's Signature	Date 1/8/75
City's Signature Advance Aller License Issued 125/2025 Expires: Dec 31, 2025	
This form, when signed by the City, is your	Contractor's License.
A copy of this license must be available on the job site during construction.	

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

12/30/24 PAV

Contractor/ Company(Please Print) Denny's Pl	lumbing	
Owner's Name (Please Print) Nathan Wis	Lhnou)	r
Contact Person(Please Print) Nathan Wuth	now or Julie Potter Secretar	~y)
Business Address(Please Print)/6/8 N/W 44h		
Abilene, 125 Loz	7410	
Business Phone <u> </u>		
E-mail	g. net	
Please select the descriptions below indicating the type of ser	rvice(s) you provide.	
General ConstructionGravel/Soil	Sewer Tanks Tree Trimming	
ElectricalLot Clearing/ Excavation	Houses/BuildingsSkid Sheds	
FencingConcrete/Flat Work	SurveyorMetal Work	
PlumbingMasonry/Retaining Walls	Boat Docks	
Siding/WindowsHeating &Air Conditioning	Landscaping	
Roofer: KRRA Certificate Number(required)		
Other:		1

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. .

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confirm all information provided above is accurate. I agree to the listed provisions above.
Contractor's Signature rulu kolden Date 12-26-24
City's Signature License Julicense Issued 1/27/25 Expires: Dec 31, 2025
This form, when signed by the City, is your Contractor's License.
A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

	I dauk
City of Bennington, Kansas 2025 Application for Contractor's License Contractor/ Company(Please Print) McGee Roofing LLC	√ ^{Pd} cKucK # 29273 12123
Dwner's Name(Please Print) Dustin McGee Contact Person(Please Print) Catherine Fenin Business Address(Please Print) 1514 18th Rd., Clay Center, KS 67432	
Business Phone785-632-6357 E-mailmcgeeroofing@sbcglobal.net	
Please select the descriptions below indicating the type of service(s) you provideGeneral ConstructionGravel/SoilSewer TanksTree TrimmingElectricalLot Clearing/ ExcavationHouses/BuildingsSkid ShedFencingConcrete/Flat WorkSurveyorMetal WorPlumbingMasonry/Retaining WallsBoat DocksSiding/WindowsHeating &Air ConditioningLandscaping XRoofer: KRRA Certificate Number(required) 13-116282Other:	

NI

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l confirm all information provided above is accurate. I agree to the listed provisions above.	
Contractor's Signature Date 12/16/2024	
City's Signature Longen City's Signature Longen State	
This form, when signed by the City, is your Contractor's License.	
A copy of this license must be available on the job site during construction.	
	-

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

Pd V dK. 12/30/24

Contractor/ Company(Please Print) Waddles Ho & Cooling Jnc
Owner's Name (Please Print) Bruce Waddle
Contact Person(Please Print) Bruce Waddle
Business Address(Please Print) 346 72 98 St
Spling Ks 67401
Business Phone 785-827-2624
E-mail bruce Waddlesheating.com
Please select the descriptions below indicating the type of service(s) you provide. General Construction Gravel/Soil Sewer TanksTree Trimming Electrical Lot Clearing/ Excavation Houses/Buildings Skid Sheds Fencing Concrete/Flat Work Surveyor Metal Work

___Roofer: KRRA Certificate Number(required)_____ __Other: _____

Heating & Air Conditioning Landscaping

Masonry/Retaining Walls

• All contractors, subcontractors or other skilled construction workers hired by the job or by the hour must be licensed by the City, per Ordinances #408. Violations are punishable by a fine up to \$100per violation.

Boat Docks

- A Certificate of Commercial General Liability Insurance from an insurance company authorized to do business in the State of Kansas must be provided with this license application, kept current throughout the year and on file at City Hall. Insurance must include products and operations liability of not less than \$300,000 per occurrence and \$600,000 in aggregate.
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Plumbing

Siding/Windows

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I confirm all information provided above is accurate. I agree to the listed provisions above. Contractor's Signature <u>bluce liberal</u> Date <u>12-27-2029</u> City's Signature <u>frame</u> <u>bluce</u> <u>blu</u>

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

1 Pd 12/30/24

Contractor/Company(Please Print) City Plumbing Co Inc
Owner's Name (Please Print) Craig Stewart
Contact Person(Please Print) Craig Stewart
Business Address(Please Print) 225 N 5-13
Saling, KS 67401
Business Phone 785-825-5459
E-mail Dilling@citypha.com
Please select the descriptions below indicating the type of service(s) you provide. General Construction Gravel/Soil X Sewer Tanks Tree Trimming

Electrical Lot Clearing/ Excavation Houses/Buildings **Skid Sheds** Fencing Concrete/Flat Work Surveyor Metal Work X Plumbing Masonry/Retaining Walls **Boat Docks** Siding/Windows Heating & Air Conditioning Landscaping Roofer: KRRA Certificate Number(required) Other:

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I confirm all information provided above is agcurate. I agree to the listed provisions above.
Contractor's Signature Tracel Alwall Date 12/26/24
City's Signature dranger Month Hicense Issued 127 25 Expires: Dec 31, 2025
This form, when signed by the City, is your Contractor's License.
A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax

20	25 Application for Co	•	
Contractor/ Company(Please	Print) TAK BROA	DBAND, LLC	/
Owner's Name(Please Print)	MICAH MAUNE	EV .	
Contact Person(Please Print)	KARI MEDSKER	OR LOUIS F.	EREZ_
Business Address(Please Print) SIOVX FAL	1000	4NOLOGY DR.	
Business Phone 605	5-362-6632)	
E-mail FORMS	DTAKCOMMUNICA	TIONS, COM	
Please select the description	s below indicating the type of se	rvice(s) you provide.	siddentine tara tara ann ann àirde lle naon ann an Sanainne. T
General Construction	_Gravel/Soil	Sewer TanksTree	e Trimming
Electrical	Lot Clearing/ Excavation	Houses/Buildings	Skid Sheds
Fencing	Concrete/Flat Work	Surveyor	Metal Work
Plumbing	Masonry/Retaining Walls	Boat Docks	
Siding/Windows	Heating & Air Conditioning	_Landscaping	
Roofer: KRRA Certificate	Number(required)		Cari
VOther: INSTALC	ATION OF TELECO	MUNICATION	JERVICES

City of Bennington Kansas

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I confirm all information	n provided above-is accur	rate. I agree to the listed p	provisions ab	ove.
Contractor's Signature_	100		Date	12/30/2024
City'sSignature	anne Julient	License Issued 1/27	125	_ Expires:Dec 31,2024
.)	This form, when signed	by the City, is your Contrac	tor's License.	
A c	opy of this license must be	e available on the job site d	uring construc	ction.

Contractor/ Company(Please Print) B+) Low care LLC
Owner's Name (Please Print) Bryan Ehrlich, Jereny Raybern, John TelleFSON
Contact Person(Please Print) John Tellefson (785) 577-2210
Business Address (Please Print) [3] F. Jewel Salina, KS, 67401
Business Phone (785) 577 - 2210
E-mail
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkSurveyorMetal Work PlumbingMasonry/Retaining WallsBoat Docks Siding/WindowsHeating &Air ConditioningLandscaping Other:

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I confirm all information provide	d above is accurate. I agree to th	e listed provisions ab	ove.
Contractor's Signature Bru	m Endil	Date	9/19/24
City'sSignature	when signed by the City, is you is license must be available on the		
Building Codes Enforcement	795 499 2767 Office	P.O. boy 41	<u>Б</u>

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax P.O. box 415 Bennington, KS 67422 7

City of Bennington, Kansas 2025 Application for Contractor's License
Contractor/ Company(Please Print) J+R Ramodaling Owner's Name(Please Print) Ramodaling Contact Person(Please Print)
Business Address (Please Print) 659 5 4th St Salina KS 67401
Business Phone 785 422 8881 E-mail JMRamodaling 785 (2) gmail.com
Please select the descriptions below indicating the type of service(s) you provide. General ConstructionGravel/SoilSewer TanksTree Trimming ElectricalLot Clearing/ ExcavationHouses/BuildingsSkid Sheds FencingConcrete/Flat WorkSurveyorMetal Work PlumbingMasonry/Retaining WallsBoat Docks Siding/WindowsHeating & Air ConditioningLandscaping Roofer: KRRA Certificate Number(required) X_Other:Other:

- All contractors, subcontractors or other skilled construction workers hired by the job or by the hour must be licensed by the City, per Ordinances #408. Violations are punishable by a fine up to \$100per violation.
- A Certificate of Commercial General Liability Insurancefrom an insurance company authorized to do business in the State of Kansas must be provided with this license application, kept current throughout the year and on file at City Hall. Insurance must include products and operations liability of not less than \$300,000 per occurrence and \$600,000 in aggregate.
- Without a current liability insurance certificate on file, your license will be canceled.
- The fee for a license is \$25.00. Per Year

Customer: On the date this document was signed by the Citythe above listed contractor was licensed to do business within Bennington Kansas. This means the contractor has paid a licensing fee and provided documentation of current liability insurance coverage. Expiration dates of liability insurance may vary. To verify current liability insurance for a contractor is on file with the City, contact City Hall (785)488-3767. The fact that a contractor is licensed is not an endorsement of that contractor's work, qualifications, or experience.

I confirm all information provided above is accurate. I agree to the listed provis	
Contractor's Signature ANNES Divas	Date 8-15-2024
Contractor's Signature <u>WMCF</u> DivaS City'sSignature <u>Signature</u> This form, when signed by the City, is your Contractor's L A copy of this license must be available on the job site during	Expires:Dec 31,2024 License. construction.

City of Bennington, Kansas 2024 Application for Contractor's License Contractor/ Company(Please Print) **Owner's Name**(Please Print) Contact Person(Please Print) Business Address(Please Print) **Business Phone** E-mail Please select the descriptions below indicating the type of service(s) you provide. General Construction ____Gravel/Soil Sewer Tanks ____ Tree Trimming Electrical Lot Clearing/ Excavation Houses/Buildings Skid Sheds Concrete/Flat Work Fencing Surveyor Metal Work Masonry/Retaining Walls Plumbing **Boat Docks** Heating & Air Conditioning Siding/Windows Landscaping Roofer: KRRA Certificate Number(required) Other:

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I confirm all information-provided above is accurate agree to the listed provisions above.
Contractor's Signature And Muce My Date 1-9-24
City's Signature denny http:// License Issued 1/10/24 Expires: Dec 31,2024
This form, when signed by the City, is your Contractor's License.
A copy of this license must be available on the job site during construction.

Building Codes Enforcement 785-488-7015 785-488-3767 Office 785-488-3375 Fax