



CITY OF DERBY SWIMMING POOL CONTRACTOR LICENSE APPLICATION

Date of Application: _____

License Fee: **\$ 60.00**

Documentation Necessary for Processing:

1. Cert. of Insurance issued to City of Derby - \$500,000
2. Photo ID of License Holder
3. Application Fee
4. Completed Application
5. Copy of Appropriate Contr. License & Certificate

INSURANCE REQUIRED-\$500,000 minimum

The undersigned make application to the City of Derby for the license listed above. The required fee shall accompany this application when submitted for approval. The undersigned hereby certifies that the answers and statement herein are true and correct to the best of their knowledge and belief.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____ Fax #: _____

Company Name: _____

Qualifications

Holds certificate from Wichita, KS and/or Sedgwick County

License number: _____ Expiration: _____

Have you ever applied for a Derby Certificate or License before? YES NO

Applicants signature

Approved By
Revised 9-2010 (users/code-enf/apps/license)