



Chanute
a TRADITION of INNOVATION

**CITY OF CHANUTE
2025 CONTRACTOR APPLICATION**

Contractors Name

Address

Driver's License #

Phone#

Tax ID#

E-Mail Address

Description of the nature and type of work to be conducted:

Are you required to have workers compensation? _____Yes _____ No

Do you carry Liability Insurance? _____Yes _____ No

(If yes, please enclose copy)

Contractor Signature

City License #

Community Services

Date