

## Northland Neighborhoods, Inc.

5340 NE Chouteau Trfy, Kansas City, MO 64119 Phone: (816) 454-2000 Fax: (816) 454-1747

## **Contractor Application**

Applicant Information								
Full Name:	Last	First				Date	:	
Company Name:								
Address:	Street Address						Apartm	ent/Unit #
Work Phone	City			Email:		State	ZIP Co	
Cell Phone:				_				
Please chec	k all that are ap		f Se	rvices Performe	ed			
	/AC	Roof		Gutters		Siding		Paint
	ectrical	Plumbing		Concrete		Carpentry		Windows
□ Water management remediation □			General contractor who may subcontract skilled licensed personnel as needed					
🗌 Ot	her:							

## References

Please list at least seven professional references. (No more than two individuals. Please list businesses, contractors, development companies, or city departments you have work with in the past 6 months)

Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		

Full Name:	Relationship:
Company:	Phone:
Address:	
	ork Examples
<i>Please list three addresses where previous constru</i> 6 months)	uction work can be viewed (Prefer exterior work done in the last
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	
Address:	
	imer & Signature
By submitting this application, I affirm that the facts	s set forth in it are true and complete. I understand that if I am ssions, or other misrepresentations made by me on this leighborhoods, Inc. approved contractor list.
Printed Name:	
Signature:	Deter
	ired Documents
<ul> <li>Copy of Drivers License</li> <li>Completed W-9 Form</li> <li>Lead-Based Paint Certification</li> <li>A copy of your current Kansas City Missouri Based Paint Certificate of insurance reflecting liability insurance aggregate, listing NNI as additional insured.</li> <li>Auto liability insurance certificate</li> <li>Workers compensation certificate</li> <li>Special Certification (if applicable)         <ul> <li>Section 3, MBE, WBE or DBE</li> </ul> </li> </ul>	usiness License urance of \$1,000,000 per incidence and \$1,000,000 annual
	Our Policy portunities without regard to race, color, religion, national origin,

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.