



**PLUMBING CONTRACTOR'S APPLICATION**

NAME OF BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ BUSINESS EST: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TECHNICIANS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF WORK TO BE DONE: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Attach Certificate of Liability Insurance OR Bon and copy of License in other city. Applications are approved by the governing body at their next meeting.**