



City License No.: _____
Entered: _____

SPECIALTY PLUMBING LICENSE APPLICATION

Application Fee: \$100.00
Renewal Fee: \$35.00 (if renewed prior to March 30)

Receipt No.: _____

- Water Conditioner
- Water Softener
- Lawn Sprinkling System Installation
- Other Specialty Plumbing work _____

Business Name: _____ Telephone No.: _____

MUST BE SAME AS STATE REGISTRATION/LICENSE

Business Address: _____
Street/PO Box City State Zip

Mailing Address: _____
(If different from above) Street/PO Box City State Zip

Email Address – **REQUIRED**: _____

Applicant Name: _____ Telephone No.: _____

Applicant Address: _____
Street/PO Box City State Zip

Certificate of insurance in the amount of not less than \$500,000.00 single limit liability required for contractor’s license.

Certificate of insurance expiration: _____

Signature of applicant

Date