CITY OF DUNKIRK

APPLICATION FOR MASTER PLUMBER'S LICENSE

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Include \$100.00 Fee (Make Check Payable to City of Dunkirk)									
Include Certificate of Insurances naming the "Holder" as the "C	ity of Dunkirk"								
APPLICANT NAME									
Address									
City/Town/Village									
Home Phone () Email									
NAME OF BUSINESS									
Business Address									
City/Town/VillageZip									
Business Phone ()									
Doing Business As (D.B.A.) INDIVIDUAL PARTNERSHIP CORPORATION									
NUMBER OF WORKERS									
I hereby make application for a Master Plumber's license in accordance with the provisions of the Plumbing Ordinances of the City of Dunkirk, New York									
SignatureTitle									
Date of Application									
FOR OFFICE USE:									
AMOUNT RECEIVED									
DATE RECEIVED									
APPROVED									
DISAPPROVEDPLUMBING B	OARD MEMBERS								

PLEASE INCLUDE \$100.00 CHECK ALONG WITH PROOF OF LICENSE FROM ANOTHER CITY, LIABILITY, COMP. & DISABILITY INSURANCES, & BOND