

CITY OF DUNKIRK

APPLICATION FOR RENEWAL OF MASTER PLUMBER'S LICENSE

LICENSE YEAR _____

Include \$100.00 Fee (Make Check Payable to City of Dunkirk)

Include Certificate of Insurances naming the "Holder" as the "City of Dunkirk"

APPLICANT NAME _____

Address _____

City/Town/Village _____

Home Phone (_____) _____ Email _____

NAME OF BUSINESS _____

Business Address _____

City/Town/Village _____ Zip _____

Business Phone (_____) _____ Prior Year License Number _____

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

Signature _____ Title _____

Date of Application _____

FOR OFFICE USE:	
AMOUNT RECEIVED _____	_____
DATE RECEIVED _____	_____
APPROVED _____	_____
DISAPPROVED _____	_____
PLUMBING BOARD MEMBERS	

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