

# 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**