

CITY OF FALLS CITY, NEBRASKA
APPLICATION FOR
ELECTRICIAN
OCCUPATION LICENSE

License expires January 1st of each year.

NAME: _____ Years of Electrical experience: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Business name: _____

Business address: _____

City, State, Zip: _____

Phone No.: _____ Email: _____

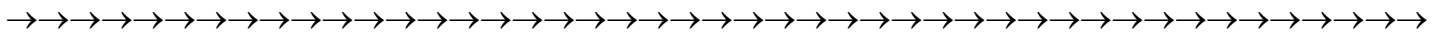
- Copy of Nebraska State License is needed.

NEBRASKA STATE LICENSE NUMBER: _____ CLASS: _____

- \$2,000 Surety Bond Payable to: City of Falls City – Copy must be on file at City Hall.

Name of Bonding Company: _____

SIGNATURE OF APPLICANT: _____



CITY USE ONLY

ACTION TAKEN: APPROVAL DISAPPROVAL

Permit No.: _____ Date Issued: _____ Fee: \$20.00

Permit REFUSED for the following reasons: _____

I hereby certify that said application meets all City Ordinances of Falls City, Nebraska, and that all fees have been paid.

Approved: _____ Date: _____
Utility Superintendent

Approved: _____ Date: _____
City Clerk