

CITY OF FALLS CITY, NEBRASKA

COMPANY/INDIVIDUAL PLUMBING LICENSE APPLICATION

License expires January 1st of each year.

The City of Falls City has the right to have any applicant take a plumber test before approving this application.

Please check box \$25.00 Potable Water and Sanitary Plumbing:

Please check box \$25.00 Fuel Gas Plumbing:

* \$10.00 fee for each additional person to be covered under this license.

* \$2,000 Surety Bond payable to: City of Falls City ~ Copy must be on file at City Hall.

Name of Bonding Company: _____

Name: _____ Years of Plumbing experience: _____

Street Address: _____

City/State/Zip: _____

Business Name: _____

Business Address: _____

Business City/State/Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Number: _____ Fax: _____

Plumbing Experience - Please list years of plumbing experience in each plumbing area you are applying for licensure. Including any formal plumbing education and/or certifications:

Plumbing References - Please include at least one reference for each plumbing area you are applying for licensure. Failure to provide references is grounds for denial.

Business Name	Location	Phone Number

*** Additional Staff Covered by License (\$10.00 per each additional person):**

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Signature of Applicant Date

CITY USE ONLY

ACTION TAKEN: APPROVE DENY Total FEE: \$

PERMIT NO.: _____ DATE ISSUED: _____

If denied, reason and date to be reviewed by Plumbing Board. _____

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