

CITY OF FALLS CITY, NEBRASKA
APPLICATION FOR
CONTRACTOR
OCCUPATION LICENSE

License expires January 1st of each year.

NAME: _____ Years of Contractor experience: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Business name: _____

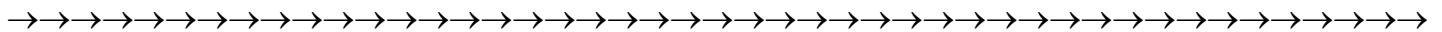
Business address: _____

City, State, Zip: _____

Phone No.: _____ NDOL Registration Number: _____

Email: _____

SIGNATURE OF APPLICANT: _____



CITY USE ONLY

ACTION TAKEN: APPROVAL DISAPPROVAL

Permit No.: _____ Date Issued: _____ Fee: \$25.00

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: _____
Building Official

Approved: _____ Date: _____
City Clerk