



CITY OF FALLS CITY, NEBRASKA
APPLICATION FOR
ELECTRICIAN
OCCUPATION LICENSE

License expires April 30th of each year.

NAME: \_\_\_\_\_ Years of Electrical experience: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

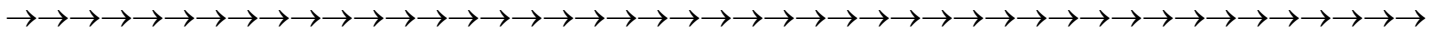
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

License #: \_\_\_\_\_ 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