



# CITY OF FALLS CITY, NEBRASKA

## COMPANY/INDIVIDUAL PLUMBING/MECHANICAL LICENSE APPLICATION

*License expires April 30th 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/Mechanical Plumbing:

- \* \$10.00 for each additional person, per license to be covered under this license (\$20 plumbing & gas).
- \* \$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 license-per person) \$20 for both Plumbing & Gas

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: \_\_\_\_\_  
 Building Official

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 City Clerk