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: _____

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