

**CITY OF FALLS CITY, NEBRASKA**  
**COMPANY/INDIVIDUAL PLUMBING LICENSE APPLICATION**

*License expires December 31st 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: \_\_\_\_\_

Building Official

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk