



PLUMBING

* NOTE: PLEASE PROVIDE A COPY OF YOUR
LIABILITY INSURANCE AND STATE LICENSE

THE CITY OF MUSKEGON HEIGHTS CONTRACTOR'S LICENSE APPLICATION

DATE: _____

COMPANY/FIRM NAME _____

COMPANY ADDRESS _____

TELEPHONE # () _____

OWNER(S) _____ ADDRESS _____

STATE LICENSE # _____ FEDERAL ID# _____

LIABILITY INSURANCE COMPANY NAME _____

PERSON AUTHORIZED TO SIGN PERMIT APPLICATIONS

1. _____

2. _____

3. _____

SIGNATURE OF APPLICANT _____

PLUMBING REGISTRATION FEE \$10.00

THIS APPLICATION WILL EXPIRE IN ONE (1) YEAR FROM THE ABOVE
DATE.