

RENEWAL APPLICATION FOR LICENSE
CITY OF SOUTH SIOUX CITY, NE
DUE DATE: JANUARY 20Th

Date: M/____D/____Y/____

1. TYPE OF LICENSE APPLYING FOR:

() CONTRACTOR - \$50.00 ✓all that apply

() Master Plumber () Master Heating & Cooling () Water Treatment () Master Drainlayer

*Only one individual who is a bona fide officer or employee who is regularly employed by the firm and is actually engaged in the planning, superintending, and practical installation of the licensed work shall apply for a contractor's license.
Only one (1) contractor's license will be issued to each company.

() MASTER PLUMBER & GAS FITTER/ MASTER DRAINLAYER/ WATER TREATMENT - \$25.00

() MASTER HEATING & COOLING - \$25.00

() JOURNEYMAN PLUMBER & GAS FITTER/ WATER TREATMENT - \$10.00

() APPRENTICE PLUMBER - \$5.00 * Must be enrolled in an Apprentice Program and provide proof with application.

() MASTER DRAINLAYER - \$25.00

() WATER TREATMENT LICENSE - \$10.00 * Any person who installs water treatment systems.

*If applying for multiple licenses (i.e. Master Plumber and Master Heat & Cool) fee would be \$25.00

*If you are changing your license from last year, please submit the proper information with this application, as the Plumbing Board will need this information to process your application.

2. NAME: _____ PHONE NO. : _____

3. STREET: _____ CITY _____ STATE: _____ ZIP: _____

4. EMPLOYER: _____ PHONE NO.: _____

5. STREET: _____ CITY _____ STATE: _____ ZIP: _____

6. PREVIOUS LICENSE NO. : _____

IF YOU RENEWING YOUR MASTER LICENSE , COMPLETE 7 THRU 12 :

7. ARE YOU INSURED: () YES () NO (IF YES ENCLOSE BOND OR CERTIFICATE)

8. NAME OF INSURANCE CARRIER: _____

9. POLICY NO.:_____ EXPIRATION DATE: _____

10. ARE YOU BONDED: () YES () NO (IF YES ENCLOSE BOND OR CERTIFICATE)

11. NAME OF BONDING COMPANY: _____

12. BOND NO. : _____ EXPIRATION DATE: _____

13. SIGNATURE: _____ DATE SIGNED: _____

FOR PLUMBING BOARD USE

() APPROVED () DISAPPROVED COMMENTS: _____

SIGNATURE: _____ DATE: _____
BOARD CHAIRMAN