

APPLICATION FOR PLUMBERS LICENSE Master Plumber _____ Apprentice _____ Journeyman _____ Classification _____	LOWER MAKEFIELD TOWNSHIP 1100 Edgewood Road Yardley, PA 19067-1696 Building Regulations Department	Date _____ License No. _____ R. C. C. No. _____
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Pursuant to Ordinance #75 hereby apply for Plumbers License in the Township of Lower Makefield and I submit the following statement.

BUSINESS INFORMATION		
Firm Name	Number & Street	Phone
City	State	Zip Code

Type of Business <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Number of Years in Business Business Privilege License Number
Workman's Compensation Insurance Carrier Policy Number
Liability Insurance Agency Agent's Phone Number Policy Period

APPLICANT INFORMATION			
Name	Home Address	Home Phone Number	
Birth Date	Title	If Previously Licensed License #	Year
Name	Home Address	Home Phone Number	
Birth Date	Title	If Previously Licensed License #	Year
Name	Home Address	Home Phone Number	

JOB SITE INFORMATION			
Name of Employer	Kind of Business		
Address	From	To	Position Held

Describe your duties and responsibilities (List name and title of immediate supervisor)

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

Applicant _____

Authorized Signature _____
Title _____