



City of Ralston

Application for Plumbing Contractor License

Applicant Name: _____ Date: _____
Business Name: _____
Street: _____
City: _____ Zip: _____
Business Phone: _____ Fax: _____
Mobile Phone: _____

Licensed By: _____

A copy of your license must accompany this application.

Omaha:

LaVista:

Bellevue:

Council Bluffs:

Other: _____

A copy of your certificate of insurance must accompany this application. City ordinance requires a minimum \$300,000 bodily injury and property damage insurance.

Insurance Company: _____
Certificate/Policy Number: _____

I certify the above information is true and correct to the best of my knowledge.

Applicant Signature: _____

City of Ralston Use Only

License Number Assigned: _____ Date License Issued: _____

License Fee: \$30.00 Date License Expires: _____

Signature: _____

This signature does not constitute approval