

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: _____ Co.Bluffs: _____

Other: _____ (as recognized by Ralston Plumbing Board)

A Copy of your Certificate of Insurance must accompany this application.
(City Ordinance requires minimum \$300,000 bodily injury and property damage insurance.)

Insurance Co. & 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 # Assigned: _____

Date License Issued: _____

License Fee \$30.00 _____

Date License Expires: _____

Signature: _____
(This signature does not constitute an approval)