

CITY OF SCOTTSBLUFF

APPLICATION OF RENEWAL OF CONTRACTOR LICENSE

Complete this form and return it to the Secretary of the Plumbing Examining Board before May 1, _____.

License will be mailed upon approval.

Required fee for Contractor's License is \$15.00.

The Undersigned hereby makes application for renewal of Contractor License.

This _____ day of _____, _____.

Applicant: _____

Mailing Address: _____

Email Address: _____

Employer: _____

Employer Mailing Address: _____

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

The above application complies with all requirements of General Revision Ordinance #1116 and is hereby approved for issuance.

Date: _____

City Clerk

License Number _____

Fee Paid _____

Receipt Number _____

Date Paid _____

Cash or Check _____