

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
LICKING COUNTY HEALTH DEPARTMENT**

**675 Price Road
NEWARK, OH 43055
1-740-349-6536**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: 0

Bond Company: _____ Bond Expires: / /

Email: _____ License _____

REGISTRATION FOR PLUMBING CONTRACTOR IN LICKING COUNTY

*** CERTIFICATE OF INSURANCE REQUIRED ***

\$250.00

Late Fee - 25% of Registration

**** COMMERCIAL WORK requires a current copy of State of Ohio License with ID #.**

I agree to comply with the rules and regulations of the Licking County Combined General Health District and the State of Ohio governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER 0

YEAR 2009

RECEIPT MAILED TO APPLICANT: BY: _____

DATE _____