

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

**537 E. Market St.
ALLIANCE, OH 44601-2514
1-330-821-7373**

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 _____

PLUMBING WORK WILL BE DONE UNDER
THE CURRENT OHIO PLUMBING CODE.

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR _____

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____