

LICENSE NO: _____

LICENSE FEE: _____

DATE ISSUED: _____

MASTER PLUMBER

RECEIPT NO: _____



City of Long Beach
Office of the City Clerk
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002

APPLICATION FOR MASTER PLUMBER'S LICENSE OR RENEWAL

CHECK ONE:

- NEW APPLICATION
- RENEWAL

PLEASE PRINT

**ATTACH 2" x 2"
PHOTO HERE**
(New Applications Only)

STATE OF NEW YORK:
COUNTY OF NASSAU : SS

I SOLEMNLY SWEAR TO THE TRUTH OF THE FOLLOWING STATEMENTS:

PLUMBER INFORMATION

FULL NAME			
HOME ADDRESS			
HOME TELEPHONE NUMBER:		CELL NUMBER:	
EMAIL:		DATE OF BIRTH:	
COMPETENCY: TEST TAKEN/COMPETENCY ISSUED FROM? - Include Certificate of Competency and current license. Competency MUST be from a Nassau County Town/Village/City.			
<input type="checkbox"/> LONG BEACH <input type="checkbox"/> TOWN OF HEMPSTEAD <input type="checkbox"/> TOWN OF N. HEMPSTEAD <input type="checkbox"/> TOWN OF OYSTER BAY <input type="checkbox"/> OTHER _____			
HAVE YOU EVER:			
(A) HELD LICENSES PREVIOUSLY?	(B) HAD A LICENSE REVOKED?	(C) BEEN CONVICTED OF A CRIME?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN: _____	

COMPANY INFORMATION

TRADE NAME:	
CORPORATE NAME:	
BUSINESS ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:

REFERENCES

PLEASE LIST THREE (3) BUSINESS REFERENCES (NEW APPLICANTS ONLY):

NAME	ADDRESS	TYPE OF BUSINESS	TEL #

APPLICANT CERTIFICATION

In consideration of being granted the license applied for, I hereby agree to comply with all the rules and regulations of the Police Dept., the laws of the City of Long Beach, State of New York, and other proper authorities. I also understand that any violation of said rules and regulations or laws may result in the suspension or revocation of license.

SWORN TO BEFORE ME THIS _____ DAY

TRADE NAME

OF _____, 20 _____

PRINT NAME

NOTARY PUBLIC

SIGNATURE

