



**APPLICATION FOR A LICENSE AS PLUMBING CONTRACTOR**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of journeyman plumber with interprovincial qualification, who will perform, manage and supervise the plumbing work or business of or for the applicant plumbing contractor.

\_\_\_\_\_

State at least two (2) years experience as a journeyman plumber.

\_\_\_\_\_

\_\_\_\_\_

If applicant is a firm or partnership state below the name, address and occupation of each of its partners and the business address of such firm or partnership.

\_\_\_\_\_

\_\_\_\_\_

If the applicant is a company or a corporation state below

- (a) The name, address and occupation of its' president, secretary, treasurer and each of its directors.

\_\_\_\_\_

\_\_\_\_\_

- (b) The address of the registered office of such company or corporation and its business address.

\_\_\_\_\_

\_\_\_\_\_

I solemnly declare that the Applicant will comply with the terms and conditions of this license and the Plumbing by-law of the Town of Paradise and that the information contained in this application is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant