

**APPLICATION FOR RENEWAL OF MASTER, JOURNEYMAN, OR LIMITED LICENSE
CITY OF SCOTTSBLUFF**

Complete this form and return it to the Secretary of the Plumbing Examining Board before May 1, _____. **License will be mailed upon approval.**

FEES: Master License \$25.00 Journeyman \$15.00 Limited \$15.00

Applicant: _____

Mailing Address: _____

Cell Number: _____ Business Number: _____

Employer: _____

Mailing Address: _____

Phone Number: _____

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 _____