

CITY OF CORTEZ
APPLICATION
PLUMBER/GASFITTER LICENSE

NAME: _____ **PHONE#:** _____

EMAIL: _____

RESIDENCE ADDRESS: _____

DBA: _____

BUSINESS ADDRESS _____

PHONE# _____ **CELL#** _____

APPLYING FOR _____ **PLUMBERS LICENSE** _____ **GASFITTER'S**
_____ **COMBINATION**

FEE PAID: _____ **DATE PAID:** _____

REQUIREMENTS: _____ **\$1,000 BOND (plumbers only)**
_____ **\$1,000,000 LIABILITY INSURANCE CERTIFICATE**

STATE LICENSE#: _____ (a copy will work)

SIGNATURE: _____