

CITY OF ROCKFORD
6031 Main Street
Rockford, MN 55373
763-477-6565 FAX: 763-477-4393

APPLICATION FOR 2010 PLUMBER'S LICENSE

NAME: _____

ADDRESS: _____

City	State	Zip
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Phone: _____ **FAX:** _____

The following information must be submitted with this application

- ▲ Copy of Master Plumber's License/Plumber's License
- ▲ Copy of State Bond (if no State Bond, Applicant must provide a Surety in the Amount of \$5,000.00 to the City of Rockford)
- ▲ Workman's Compensation Insurance information.
- ▲ Certificate of Insurance to the City of Rockford containing a provision that the insurance will not be canceled without ten (10) days written notice to the City of Rockford for the following;

Public Liability and Property Damage showing coverage of not less than \$50,000 for injuries including accidental death to any one person and subject to the same limit for each person in an amount not less than \$100,000 on account of any one accident and property damage insurance in the amount of not less than \$25,000.

By submitting this application, you agree to comply with the ordinances of the City of Rockford in all installations for which this license is issued.

Signature

Date

With the exception of new construction you are required to apply for a PERMIT. Please contact city hall if you need additional information.

Note: If the applicant is not licensed with the State the applicant must appear before the Rockford City Council for licensing.