## CITY OF ROCKFORD

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

## **APPLICATION FOR 2023 PLUMBER'S LICENSE**

NAME:		
ADDRESS:		·
City	State	Zip
Phone:	FAX:	
Email:		
The following information	must be submitted with this	application
▲ Copy of Master Plumber's Licens	se/Plumber's License	
▲ Copy of State Bond (if no State B Amount of	Bond, Applicant must provide a \$5,000.00 to the City of Rock	-
▲ Workman's Compensation Insur	ance information.	
▲ Certificate of Insurance to the Cit insurance will not be canceled wi Rockford for the following;		
than \$50,000 for in and subject to the s	d Property Damage showing capturies including accidental deasame limit for each person in a nt of any one accident and prothan \$25,000.	ath to any one person n amount not less than
By submitting this application, you a in all installations for which this licer	gree to comply with the ordina	ances of the City of Rockford
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.