



Please mail or drop off the following form at the address below, when completed:

CITY OF DICKINSON  
ATTN: PLUMBING PERMIT  
99 2<sup>ND</sup> STREET EAST  
DICKINSON, ND 58601

If you have any questions regarding the submission of this application, please feel free to contact Calli Stellmacher at (701) 456-7802 or [calli.stellmacher@dickinsongov.com](mailto:calli.stellmacher@dickinsongov.com).

CITY OF DICKINSON APPLICATION FOR PLUMBING LICENSE

FEE: \$100.00

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

Application is hereby made for a permit to carry on the trade or business of **PLUMBING WORK** in the City of Dickinson, North Dakota, for the period beginning on January 1, 2016 and ending on December 31, 2016.

A. **IF SOLE PROPRIETORSHIP**, FILL IN THIS SECTION:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**IF PARTNERSHIP**, FILL IN THIS SECTION: (name of partners)

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**IF CORPORATION**, FILL IN THIS SECTION:

Corporation Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Name of officer or agent signing this application \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

B. \*North Dakota State Plumbing License (provide copy): \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

C. \*List the name of the company which holds your Surety or Cash Bond in the sum of \$1,000 filed with the City (provide copy): \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**\*Please Submit Copies of B, & C**

**The applicant hereby agrees to faithfully abide by all ordinances and regulations of the City of Dickinson which may apply to the above mentioned trade or business, or any amendments to ordinances or regulations which may be passed or adopted during the term of the permit herein applied for, which may affect the said permit.**

Subscribed and sworn to me this

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)