



*City of Grand Forks*

255 North Fourth Street - P. O. Box 5200 - Grand Forks, ND 58206-5200

(701) 746-2631  
Fax # (701) 787-3741

**LICENSE APPLICATION**

Date: \_\_\_\_\_

PERIOD OF LICENSE:

From: January 1, \_\_\_\_\_

To: December 31. \_\_\_\_\_

**Type of License:** \_\_\_\_\_ Master Mechanical \_\_\_\_\_ Fee \$ \_\_\_\_\_ \$170.00

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all City Ordinances and State Laws regulating this license.