



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 Plumber 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.