DATE: _____

2010 LICENSE NUMBER_____

(For Office Use)

TOWN OF NISKAYUNA

APPLICATION
For
PLUMBER'S LICENSE

YEARLY FEE: $100.00

Please complete the following:

2009 Niskayuna Plumber's License number: _____

NAME: _____

ADDRESS: _____
Street / PO Box City / Town Zip Code

BUSINESS PHONE: _____

Municipality that issued
Valid Master Plumber's License * _____

*** Please provide copy of Master Plumber's License if applying in Niskayuna for the first time.**

_____
APPLICANT'S SIGNATURE

Approved by: _____