

Village of Cedarhurst
200 Cedarhurst Avenue
Cedarhurst, NY 11516

(516) 295-5770

Fax: (516) 295-1077

PLUMBER'S LICENSE APPLICATION

Date: _____

Plumber's Name: _____

Company Name or DBA Name: _____

Mailing Address: _____

City/Town: _____

Business phone #: _____ Cell Phone #: _____

Email Address: _____

Previous Year Village of Cedarhurst License #: _____

Reciprocal License #: _____ Agency: _____

Insurance Carrier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Copy of current license and current insurance documents (Workman's Comp. and Liability) must be provided with application.

Application MUST maintain insurance coverage.

Applicants Signature: _____ Date: _____

Village of Cedarhurst Use Only

Fee Paid: _____ Receipt#: _____ Verified by: _____

Lic. # Assigned: _____ Valid: Jun 1, 20____ to May 31, 20____