



CITY OF GLEN COVE
Building Department

APPLICATION FOR MASTER PLUMBING LICENSE

Last Name _____ **First Name** _____ **Contact Telephone** _____

Number and Street _____ **City/Town** _____ **Zip Code** _____

Business Name _____ **Business Telephone** _____

Number and Street _____ **City/Town** _____ **Zip Code** _____

Do you now, or have you ever had a City of Glen Cove Plumbers License? YES NO

Prior Plumbing Experience:
(If you need additional space, please attach a separate sheet)

	Employer	Address	Telephone	Yrs	Type of Work
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I understand this application is to be filed with the City Clerk and that the information will be relied upon by the City of Glen Cove in granting this license. **I SWEAR THAT ALL STATEMENTS ARE TRUE.**

DATE

APPLICANT'S SIGNATURE

NOTARY PUBLIC
Sworn to me this _____ day of _____

Notary Public / Commissioner of Deed