



ALL INFORMATION ON THIS FORM IS A PUBLIC RECORD

225 North 4th Street  
PO Box 2471  
Fargo, ND 58108-2471  
(701) 241-8108 Fax: (701) 241-8184  
jpgel@FargoND.gov

**Occupational License Application Form**

Application made this date \_\_\_\_\_, for a license to carry on the business/occupation as follows.  
I agree to abide by the laws, ordinances, and regulations pertaining thereto.

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Please Check: Mail to Applicant Address \_\_\_\_\_ or Mail to Business Address \_\_\_\_\_

Type of License Applying for: (Check all that apply)

**Expire December 31:**

- Master Heating (Certificate of Liability required) Fee \$125.00
- Master Plumbing (Certificate of Liability required) Fee \$125.00
- Journeyman Heating (No Certificate required) Fee \$30.00
- Reciprocity

If there are State Laws governing, have they been complied with?  Yes  No

Do you have a State License?  Yes  No

If yes, please indicate your State Contractor's License Number \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR CERTIFICATE OF INSURANCE FORM FOR ALL MASTER APPLICATIONS**

\*\*\* \_\_\_\_\_ \*\*\*  
Applicant Signature Date

**\*\*\*\*\* My signature states that I request the issuance of a license under these requirements. \*\*\*\*\***

COMPLETED BY CITY AUDITOR'S OFFICE

Date: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_ Check No: \_\_\_\_\_

Approved:  Disapproved:

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

\_\_\_\_\_  
Authorized Signature/Department

License Expiration Date: \_\_\_\_\_