



## Occupational License Application Form

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225 North 4<sup>th</sup> Street  
PO Box 2471  
Fargo, ND 58108-2471  
(701) 241-1304 Fax: (701) 241-8184  
MVanyo@FargoND.gov

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

Please Check: Mail to Applicant \_\_\_\_\_ Mail to Business \_\_\_\_\_ Email \_\_\_\_\_ (include email address above)

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

**Expire December 31:**

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

**PLEASE PROVIDE A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION FOR MASTER HEATING AND MASTER PLUMBING.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**!!!3 EASY WAYS TO PAY!!!**

Call 701-241-1304 to renew over the phone, payment can be made with Credit/Debit Card (no need to fill out application) Certificate of Insurance can be faxed or emailed. 701-241-8184, MVanyo@FargoND.gov

Return completed application along with payment to: City of Fargo, Attn: Michelle, PO Box 2471, Fargo, ND 58108-2471

Bring completed application along with payment to City Hall, 225 4<sup>th</sup> St N. Cash/Check/Credit/Debit Card