



Occupational License Application Form

225 North 4th 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 4th St N. Cash/Check/Credit/Debit Card