

**2020**  
**APPLICATION FOR PLUMBER'S LICENSE**  
**IN THE CITY OF CENTRALIA, MISSOURI**  
**(GENERAL AND LIMITED PLUMBER'S LICENSE)**

OFFICE OF CITY CLERK  
 CITY OF CENTRALIA  
 114 S ROLLINS  
 CENTRALIA, MO 65240

**Type of City Business License:**

- \_\_\_\_\_ For all types of Plumbing Work (**General Plumber's License**)  
 \_\_\_\_\_ For Plumbing work only on private property; no Plumbing work in (a) City-owned Property (b) City street or alley way or (c) in utility right-of-way easement granted to City of Centralia (**Limited Plumber's License**)

**Business Information:**

1. Date plumbing business first established in Centralia under current legal owner's ownership: \_\_\_\_\_
2. Name of Plumbing Business (doing business name): \_\_\_\_\_
3. Street Address/Location of Plumbing Business in Centralia: \_\_\_\_\_
4. Full Name, Street Address, and Mailing Address of all Legal Owner(s) of Plumbing Business (the Licensees): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. If no legal owners of business reside inside the Centralia corporate limits, designate by name, street address and mailing address a resident agent of the business who resides inside the Centralia corporate limits, for service of all legal notices and other legal documents required to be served on business licensees: \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Information:**

6. Name and mailing address of Applicant applying for City Business License on behalf of Licensee of Business: \_\_\_\_\_  
 \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number (if any): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

7. As required by City ordinance, Licensee has proof of (**attach copy**):
  - a. \_\_\_\_\_ Minimum \$300,000 Liability Insurance (for both bodily injury and property damage) listing City of Centralia, Missouri as additional named insured
  - b. \_\_\_\_\_ \$500 Bond (**for Limited Plumber's License Only**)
8. Certified for backflow prevention inspections? Yes \_\_\_\_ No \_\_\_\_
9. Statement of Licensee's plumber qualifications (use back of this sheet if more space is required): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I state that I am the Applicant applying for this plumber's business license on behalf of the legal owner licensee and I hereby declare that all the above statements are true and correct. The plumbing business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentations, fraud, willful misconduct or false statements. I understand that if there are any changes or transfers of ownership, changes of address or changes in the type of business conducted, the City Clerk shall be notified. I understand that the legal owner licensee and any designated resident agent shall comply with and be governed in all respects by the ordinances and rules and regulations which are now in effect or which may hereafter be prescribed by the Board of Aldermen of the City of Centralia, Missouri. I agree to provide a copy of this application to at least one legal owner licensee and to any resident agent designated in this application.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

**OFFICE USE ONLY**

Date Personal Property Taxes Paid: \_\_\_\_\_ or Hold for proof of Tax Payment: \_\_\_\_\_ Date License Released: In Person \_\_\_\_\_ or Mailed \_\_\_\_\_