



PLUMBING REGISTRATION FORM

City of Prior Lake | Building Inspections
4646 Dakota Street SE
Office: 952.447.9850 | permits@cityofpriorlake.com

Date:	Permit #
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PLUMBING CONTRACTOR INFORMATION

Applicant/Company Name		License No
Address	Email	
City	State	Zip
Contact Person	Phone	

TYPE OF LICENSE	<input type="checkbox"/> Master	<input type="checkbox"/> Journeyman
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PROVIDE THE FOLLOWING WITH THE APPLICATION

<input type="checkbox"/> \$30 Filing Fee	<input type="checkbox"/> A copy of your Master Plumber or Pipe Layers License
<input type="checkbox"/> State Bond	<input type="checkbox"/> A Certificate of Public Liability Insurance with Workers Compensation and the following <input type="checkbox"/> at least \$50,000 per person and <input type="checkbox"/> \$100,000 per occurrence <input type="checkbox"/> \$10,000 property damage
<input type="checkbox"/> State Workers Compensation form (if not on Cert of Insurance)	<input type="checkbox"/> Other

WORKERS COMPENSATION OPTIONS

<input type="checkbox"/> Other Insurance Co. Name _____		
Policy No.	Dates of Coverage	
<input type="checkbox"/> Self-Insured	Policy No.	Dates of Coverage
<input type="checkbox"/> Not Required	Reason	

FEE SCHEDULE

Total	\$ 30	\$
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SIGNATURES

I hereby certify that the information contained herein is true and correct. I further agree that its in compliance with the provisions of the Ordinance No. 72-12 revised and amended to date, and all other applicable provisions of law, and is hereby registered a Plumber to engage in the business of Plumbing installation within the City of Prior Lake, Minnesota. This registration is non-transferable and is issued subject to all ordinances of the City of Prior Lake, and all other applicable rules, regulations, and provisions of law enacted by municipal, state, or federal authority and may be revoked upon violation of any of the above stipulations. I have further read and understand my rights and obligations with regard to business licenses, permits, and works compensation coverage.

Signature of Applicant	Date
Printed Name of Applicant	