

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
LICKING COUNTY HEALTH DEPARTMENT**

**675 Price Rd  
NEWARK, OH 43055  
1-740-349-6535**

Business Name  
or Plumbing Installer \_\_\_\_\_  
Contractor's or  
Installer's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: 0  
Bond Company: \_\_\_\_\_ Bond Expires:  / /  
Email: \_\_\_\_\_ License \_\_\_\_\_

**REGISTRATION FOR PLUMBING CONTRACTOR IN LICKING COUNTY**

**\* CERTIFICATE OF INSURANCE REQUIRED \***

**\$250.00**

**Late Fee of 25% of registration for beginning work without a permit.**

**\*\* COMMERCIAL WORK requires a current copy of State of Ohio License with ID #.**

**I agree to comply with the rules and regulations of the Licking County Combined General Health District and the State of Ohio governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.**

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER 0

YEAR 2016

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_

DATE \_\_\_\_\_