LICENSE EXPIRES: ***DECEMBER 31, 20____*** **DATE PAID*:*** **_____**
LICENSE FEE*:* ***$25.00***

City of Breckenridge Hills
TRADESMAN LICENSE

☐ **Electrical License** ☐ **Plumbing License** ☐ **Drain layers License** ☐ **Mechanical License**

Applicants Name: _____

Company Name: _____

Address: _____
Street **City** **State** **Zip Code**

Telephone Number: _____ Fax Number: _____

License Number: _____ Origin of License: _____

Insurance Agency: _____ Phone Number: _____
Certificate of insurance must be provided at time of application.

Please include names of personal that are authorized to apply for permits.

_____ _____

_____ _____

_____ _____

_____ _____

I BY MY SIGNATURE, STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

_____ _____
Applicant **Date**

COBH revised January 2006