

VILLAGE OF CRETE
524 W EXCHANGE STREET
PO BOX 337
CRETE IL 60417
PHONE (708) 672-5431
FAX (708) 672-3920

**APPLICATION FOR PLUMBER'S 055 LICENSE
NO FEE**

BUSINESS NAME: _____

ADDRESS: _____

PHONE # _____

OWNER: _____

ADDRESS: _____

PHONE # _____

ADDRESS OF CURRENT JOB SITE: _____

ELECTRICAL LICENSE NUMBER: _____

STATE OF ILLINOIS
PLUMBER'S LICENSE NUMBER: _____

STATE OF ILLINOIS
ROOFER'S LICENSE NUMBER: _____

CERTIFICATE OF INSURANCE IS REQUIRED

SIGNATURE OF APPLICANT

DATE: _____

**ANY MISREPRESENTATION OF FALSIFICATION OF THIS APPLICATION MAY RESULT
IN THE REVOCATION OF THE LICENSE AS GRANTED.**