



APPLICATION FOR REGISTRATION  
PLUMBING CONTRACTORS LICENSE

City of Kentwood  
4900 Breton Ave SE • P.O. Box 8848  
Kentwood, MI 49518-8848  
(616) 554-0703

Date: \_\_\_\_\_

Applicant Name (Print)		Business Name		
Telephone Number		Fax Number		
Business Address ( Street No. & Name)		City	State	Zip
State License Number		Expiration Date		
Master		Journeyman		
Workers Compensation Insurance Carrier	Federal Tax Identification No.		Michigan Employment Security Commission No.	

**FOR YOUR APPLICATION TO BE PROCESSED YOU MUST PROVIDE THE FOLLOWING:**

- A copy of your Master's and Contractor's License.
- Payment in the amount of \$15.00.

**PLEASE MAIL TO:**

City of Kentwood  
Inspection Department  
P.O. Box 8848  
Kentwood, MI 49518-8848

**NOTE:** STATE OF MICHIGAN, PUBLIC ACT 135 OF 1985, ENROLLED HOUSE BILL NO. 4006, EFFECTIVE OCTOBER 1, 1989, REQUIRES THE ADDITIONAL INFORMATION ON THE ABOVE FORM TO BE WRITTEN ON EVERY RESIDENTIAL PERMIT AND KEPT ON FILE AT THE LOCAL JURISDICTION.