

Town of Evans, New York

Application for Master Plumber's License

FEES: Exam - \$10.00

Renewals - \$40.00

Renewals AFTER December 31st - \$45.00

I hereby apply for registration as a Master Plumber and a permit to engage in the plumbing and drainage business in the Town of Evans.

PLEASE PRINT

Phone Number: _____

1. _____
First M.I. Last Name Date of Birth: Mo/Date/Year

2. _____
Business Name or Partnership Name

3. _____
Business Address Street # Street Name City State Zip

4. _____
Residence: House # Street Name City/Town/Village State Zip

5. Have you ever been refused a license or had one revoked? _____

If answer is yes, give particulars: _____

6. Do you have any employees? _____ Yes _____ No

If Renewal, Please Skip Over Questions 7 through 9.

7. Certificate of Naturalization (if applicable) No.: _____

8. Experience & Training in Plumbing:

(a) School - (Plumbing Courses Only - Dates & Where Attended): _____

(b) Apprentice or Helper (With Whom & When): _____

(c) Journeyman (With Whom & When): _____



TOWN OF EVANS

LYNN M. KRAJACIC, TOWN CLERK

8787 Erie Road • Angola, NY 14006-9600

Telephone (716) 549-8787

To whom it may concern

Per Town of Evans Police Department, when submitting an application for all Town of Evans Licenses/Permits and/or NYS Bell Jar/Raffle/Games of Chance/Bingo Licenses, a Criminal/DMV Authorization for Record Check form must be completed by EACH person who listed on the application. The form is on the back of this letter. Please feel free to make the necessary number of copies needed.

All of the completed Authorization forms, application and payment must be received at the same time.

Very truly yours,

Lynn M. Krajacic
Town Clerk

TOWN OF EVANS POLICE DEPARTMENT
8787 Erie Road, Angola, NY 14006
716-549-3600 FAX 716-549-6089

CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

State of New York
County of Erie
Town of Evans

Date: _____

I, _____, do hereby authorize the Town of Evans Police Department to
First Name Middle Initial Last Name
check and receive any information regarding my criminal record and sex offender registry, if any, and that relates to my driver's license or operating record including disciplinary measures, to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles

Signature

Date of Birth

Current Address: House #, Street Name, City, State Zip

Signature of Witness

Witness's Name Printed