**Building Division** **City and County of Broomfield**

**Community Development** **1 DesCombes Drive** **Broomfield, CO 80020**
**303.438.6370** **303.438.6207 FAX** **www.broomfield.org**

# Application for Plumbing License

**This license will expire one year from date of issuance.**
**Reference: Broomfield Municipal Code Chapter 15-32**

| ❑**New License** ❑**Renewal - Previous License #:** | | **Fee: $ 100.00** |
|---|---|---|
| Company Name | State Contractor License # | Phone # |
| Business Address | | Fax # |
| City | State | Zip Code |
| Contact Name | | E-mail address |
| Name of Master Plumber | | Master License # |

****** PROVIDE COPY OF DRIVER'S LICENSE OR PHOTO I.D. FOR MASTER PLUMBER ******

****** PROVIDE COPIES OF STATE MASTER PLUMBER AND CONTRACTOR LICENSES ******

Type of Ownership: ❑ Corporation ❑ Partnership ❑ Sole Proprietor ❑ Other: _____
List business owners, officers, partners, or sole proprietor below:

| Name | Title | Address & Phone # |
|---|---|---|
| | | |
| | | |
| | | |

**I hereby certify that the statements above constitute a part of this application and are true and correct to the best of my knowledge. I understand that all contractor licenses expire on December 31 of each year.**

| Signature | Print Name | Date |
|---|---|---|
| | | |

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| License Number | By | Date |
|---|---|---|
| | | |