

CITY OF OXFORD, MISSISSIPPI APPLICATION FOR LICENSE

NAME: _____ DATE: _____

ADDRESS: _____

CITY AND STATE: _____

BUSINESS TELEPHONE NUMBER: _____

CELLULAR PHONE NUMBER: _____

NAME OF BUINSNESS: _____

TYPE OF LICENSE APPLIED FOR PLUMBER ELECTRICIAN

 MECHANICAL

DO YOU CURRENTLY HOLD A LICENSE FROM ANY OTHER CITY IN THE STATE OF MISSISSIPPI?

YES NO

DO YOU CURRENTLY HOLD A LICENSE FROM ANY OTHER STATE, CITY OR COUNTY?

YES NO

WAS A WRITTEN EXAMINATION REQUIRED FOR OBTAINING THIS LICENSE?

YES NO

DESCRIBE YOUR EXPERIENCE DURING THE PAST FOUR (4) YEARS IN THE FIELD OF PLUMBING OR ELECTRICAL WORK:

HAVE YOU HELD A CITY OF OXFORD PLUMBING OR ELECTRICAL PRIVILEGE LICENSE WITHIN THE PAST (5) YEARS? YES NO

IF SO, WHAT YEAR WAS THE LICENSE OBTAINED? _____

SIGNATURE: _____



FOR CITY USE ONLY

APPLICANT NUMBER _____ DATE OF EXAM _____

EXAMINATION SCORE _____ DATE LICENSE ISSUED _____

LICENSE NUMBER _____ NAME OF SURTETY COMPANY _____

