VILLAGE OF GLENWOOD
ONE ASSELBORN WAY
GLENWOOD, ILLINOIS 60425

APPLICATION FOR PLUMBING CONTRACTOR LICENSE

EFFECTIVE MAY 1, 2014 THRU APRIL 30, 2015

Business Name:_____

Address:_____**City:**_____**State:**_____**Zip:**_____

Business Type:_____**Phone No:**_____**Fax No:**_____

Applicant/Owner:_____**Home Phone:**_____

Home Address:_____**City/State/Zip:**_____

LICENSE REQUIREMENTS

Copy of State Plumbing License is required.

I understand that no license shall be issued for the conduct of any business if the premises and building used for the purpose do not fully comply with the requirements of all provisions of the Village of Glenwood Code of Ordinances. Also, no license shall be issued until the business passes all inspections by the departments required to make inspections by the Village of Glenwood Code of Ordinances.

Owner's Signature:_____**Date:**_____

Approved_____**Denied**_____**(If denied – attach statement)**

Building Department:_____**Date:**_____

License Committee Chairman:_____