



Application for Plumbing License

Return form and fee to: Mounds City Hall, 1319 Commercial Avenue,
P.O. Box 310, Mounds, OK 74047

Name of Applicant: _____

Company Name: _____

Address: _____

Phone: (____) _____ Cell (____) _____

State License Number: _____

Signature _____ Date: _____

City Official: _____

A Certificate of Insurance and Current License must accompany this application.

Application is good for one calendar year from the date of this application.