CITY OF OXFORD, MISSISSIPPI APPLICATION FOR LICENSE

NAME: _____ DATE: _____

ADDRESS: _____

CITY AND STATE: _____

BUSINESS TELEPHONE NUMBER: _____

CELLULAR PHONE NUMBER: _____

NAME OF BUISNESS: _____

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_____