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 one year from date of issuance.

Signature	Print Name	Date

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License Number	By	Date