

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
WAYNE COUNTY HEALTH DEPARTMENT  
428 WEST LIBERTY STREET  
WOOSTER, OH 44691  
1-330-264-2426**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: 0

Bond Company: \_\_\_\_\_ Bond Expires:  / /

Email: \_\_\_\_\_ License \_\_\_\_\_

**VALID REGISTRATION RENEWAL MUST BE SECURED PRIOR TO DECEMBER 31ST**

**REGISTRATION FEE OF \$100.00 AND A COPY OF YOUR IN-EFFECT  
\$5,000.00 SURETY BOND MUST BE SUBMITTED WITH THIS APPLICATION**

**Registration will be mailed only on receipt of fee and bond copy.**

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR \_\_\_\_\_

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_