

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
WAYNE COUNTY HEALTH DEPARTMENT**

**428 W Liberty St  
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 January 1**

**REGISTRATION FEE OF \$100.00, PROOF STATE PLUMBING LICENSE AND  
\$10,000 SURETY BOND MUST BE SUBMITTED WITH THIS APPLICATION**

**Registration will be issued upon completion & receipt of above items.**

APPLICANT \_\_\_\_\_

(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

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

REGISTRATION NUMBER 0 \_\_\_\_\_

YEAR 2023 \_\_\_\_\_

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

DATE \_\_\_\_\_