

**APPLICATION FOR PLUMBING CONTRACTOR REGISTRATION
STARK COUNTY HEALTH DEPARTMENT**

Please fill in the required information below with a typewriter or print legibly in ink. This document must be signed by the applicant and be notarized.

NAME OF APPLICANT: _____

HOME ADDRESS: _____
(Number, Street, City, State, Zip Code)

NAME of BUSINESS: _____

ADDRESS of BUSINESS: _____

BUSINESS TELEPHONE: _____ **HOME TELEPHONE:** _____

Other cities or counties where you are currently a licensed plumbing contractor. (You must provide copies of the appropriate documents to verify your statement.): _____

I hereby apply to be registered as a plumbing contractor in Stark County, Ohio. I authorize any person, apprenticeship committee, partnership, corporation, business entity, school, labor union, political subdivision, and any agency thereof, to provide to the Stark County Board of Health any records, documents or other information which it deems necessary to verify the information I have provided to the Stark County Health Department.

SIGNATURE OF APPLICANT _____ **DATE** _____

Subscribed and duly sworn to before me according to law, by the above-named applicant this _____ day of _____,
20__ at _____, County of _____ and State of _____.

SIGNATURE OF NOTARY _____ **MY COMMISSION EXPIRES:** _____

HEALTH COMMISSIONER ACTION

Registration Approved _____ Date _____ Signature/Authorized Person _____

Registration Disapproved _____ Date _____ Signature/Authorized Person _____

Registration Number _____ Fee Paid _____ Cash _____ Check _____

COMMENTS: _____

**STARK COUNTY HEALTH DEPARTMENT
SURETY BOND**

BOND NO. -----

Know All Men by These Presents, that we _____
(Name of Plumbing Company)

of _____ as Principal and the _____
(City and State) (Name of Surety Company)

with its principal office at _____ as Surety, are held firmly bound
(City and State)

unto the Stark County Board of Health (Ohio), hereinafter called Obligee, in the penal sum of Ten Thousand Dollars (10,000.00), for the payment of which well and truly to be made we do hereby bind ourselves and our legal representatives, jointly and severally by these presents. **THE CONDITION OF THE ABOVE OBLIGATION IS SUCH**, that whereas said principal has made application to said obligee to become a Registered Plumber in Stark County for the term ending January 31, 2011.

NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with all of the laws, ordinances, resolutions, rules, and regulations pertaining to such registration or permit issued to the Principal, then this obligation shall be void, otherwise to be and remain in full force and effect. It is understood and agreed that this bond may be renewed from year to year by continuation certificate executed by said Surety. It is further understood and agreed that if the Surety shall so elect, this bond may be canceled by giving thirty days' notice in writing to said Obligee.

Term of bond: _____, 20____ to _____ January 31 _____, 2011

SIGNED AND SEALED this _____ day of _____, 20____

(Principal)

(Surety)