



License # 20 _____ - _____

City of Albertville
5959 Main Avenue NE
Albertville, MN 55301
Phone: (763) 497-3384 Ext 103
Fax: (763) 497-3210

SEWER LICENSE APPLICATION
For the year of 20____

Company Name: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Submittals required along with application:

- 1. \$50.00 License Fee (Check #: _____)
2. Copy of State Bond or Minnesota Master Plumber License
3. Public Liability showing coverage of not less than \$1,000,000.00 for injuries including accidental death to any one person and subject to the same limit for each person in an amount not less than \$300,000.00 on account of any one accident and property damage insurance in the amount of not less than \$1,000,000.00
4. Workman's compensation insurance or letter from the insurance agent stating that you are self-employed and choose not to carry insurance

On issuance of the license you agree to comply with the ordinances of the City of Albertville in all installations for which this license is issued.

Printed Name

Signature

Date