



THE CORPORATION OF THE CITY OF SAULT STE. MARIE, CITY CLERK'S OFFICE  
P.O. BOX 580, SAULT STE. MARIE, ONTARIO P6A 5N1

**MASTER PLUMBER LICENCE APPLICATION**

1. APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
Year Month Day

2. Have you held a valid plumber's Certificate of Qualification issued by the Ministry of the Province of Ontario for at least the past two years?  
\_\_\_\_\_ Yes OR \_\_\_\_\_ No

3. Have you or do you presently operate a business in this City? If so, state nature and details of same. \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the City's Tax and Licensing Division or its Police Department to make such inquiries as they deem necessary to confirm the information provided above.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: Master Plumber licence must be made available for inspection upon request.

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(for office use only)

Certificates of Approval must be attached hereto from the following departments as checked below before the licence can be issued.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Algoma Health Unit | <input checked="" type="checkbox"/> Building Division | <input type="checkbox"/> Community Services Dept. |
| <input type="checkbox"/> Police Department  | <input type="checkbox"/> Fire Department              | <input type="checkbox"/> Other                    |

TYPE OF LICENCE TO BE ISSUED:

FEE (Must be paid by Cash/Debit/Cheque)

17- \_\_\_\_\_ MASTER PLUMBER LICENCE \_\_\_\_\_

\$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_