



City of Athens

Community Development Department
P.O. Box 849
Athens, Tennessee 37371-0849

Application for Electrical/Plumbing/Mechanical License

Please check appropriate license applied for:

- Master Electrician
- Master Mechanical Contractor
- Master Plumber

Name: _____ Telephone: _____

Address: _____
(Street) (City) (State) (Zip)

Company: _____ Telephone: _____

Address: _____
(Street) (City) (State) (Zip)

State License No.: _____ Expiration Date: _____

Areas of Certification: _____ Money Limits: _____

I, undersigned, certify that the statements are true and correct and any false statements herein will be just cause for failing to grant my license or to revoke it any time in the future. I promise to abide by the Ordinances, Codes, and requirements of the City of Athens in using my license.

Applicant Signature: _____ Date: _____

Fee: \$25.00 Date Paid: _____

(For City Use Only)

City of Athens License No.: _____ Classification: _____

NOTE: ATTACH A COPY OF STATE LICENSE