

Village Of Williamsville

Building Department
5565 Main Street
Williamsville NY, 14221



Phone: 716-632-7747
Fax: 716-626-4964
www.walkablewillamsville.com

Plumbing License Application

Please Check One

☐ New Application

☐ Renewal

Business Name: _____

Corporate Name: _____
(If Applicable)

Business Address: _____

City

State

Zip

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Description of Business: _____

Number of Employees: _____ **Years in Business:** _____

Ownership:

☐ Corporation

☐ LLC

☐ Partnership

☐ Sole Proprietor

Enter Below Names of Owner(s), Partners or Corporate Officers

Owner Name: _____ **Title:** _____

Phone Number: _____ **Email Address:** _____

2nd Owner or Partner _____ **Title:** _____
(If Applicable)

Phone Number: _____ **Email Address:** _____

Business Contact Person (Must list valid phone number other than main business phone number for point of contact for any problems on jobsites or with the business.)

Contact Name: _____ **Phone Number:** _____

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City Laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this license.

Signature of Owner or Representative: _____ **Date:** _____

Official Use Only:

Received By: _____

Fee: \$75.00 Date Paid: _____

Date Received: _____

Proof of Other License Provided? _____

Insurances Received:

☐ Liability

☐ Disability

☐ Workers Comp.

☐ Comp Waiver