

TOWN OF LISBON APPLICATION FOR 2012 ELECTRICAL LICENSE

TO: TOWN OF LISBON

Pursuant to Electrical Code of Town of Lisbon, the undersigned hereby makes application for electrical license, and submits the following information in support of such application. A copy of this form will be faxed to you when a number is assigned

Company Name _____

Address _____

Telephone No. _____ Fax No _____

State License _____ Person holding _____

Email address _____

Signature _____ Date _____

1. Licenses expire the month issued of each year. Renewals are due in that month.

- This Application is for:
- 1. _____ New License \$55
 - 2. _____ Renewal \$45
 - 3. _____ LATE Renewal \$55
 - 4. _____ Restricted License \$35

2. A certificate of insurance.

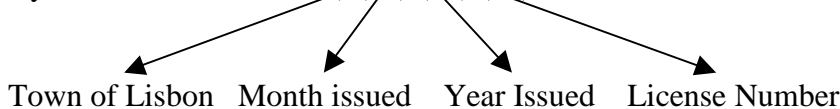
3. Checks are payable to **TOWN OF LISBON**.

SEND TO:

Premier Building Inspections LLC
W251N8924 Crestwood Dr.
Sussex, WI. 53089
PHONE (262) 844-1594
FAX (262) 372-4810

| |
|---|
| Lisbon License Number _____ Date Issued _____ |
|---|

Key to your license number: (L) (00) (00) (00)



It is your responsibility to renew your license. No reminders will be sent out
You must include a fax number or the license will not be sent