

**CITY OF HARTFORD
ELECTRICAL LICENSE APPLICATION**

DATE: _____

RETURN TO: 109 North Main Street
Hartford, WI 53027

FEE: \$ 50.00 license	(Acct #100.125.441400.44140)
<u>15.00</u> processing	(Acct #100.125.461100.46112)
\$ 65.00 TOTAL	

To the Common Council of the City of Hartford, Wisconsin:

The undersigned hereby applies for the following license

Master (new) _____ Master (renewal) _____

in the City of Hartford, Counties of Washington/Dodge, State of Wisconsin, from date hereof, until December 31st of the current year (unless sooner revoked). I hereby agree to comply with all laws, ordinances and regulations, City or State, if this license is granted to the undersigned.

NOTE: PROOF OF LIABILITY INSURANCE AND OF STATE CERTIFICATION IS REQUIRED TO OBTAIN A LICENSE IN THE CITY OF HARTFORD (PLEASE SUBMIT PROOF WITH YOUR APPLICATION)

NAME: _____ PHONE: _____

ADDRESS: _____

FIRM: _____ PHONE: _____

ADDRESS: _____

AGE: _____ EXPERIENCE: _____

STATE MASTER CERTIFICATION NUMBER: _____

OTHER LICENSES HELD: _____

Applicant's Signature

ELECTRICAL INSPECTOR'S RECOMMENDATION

APPROVED _____ DENIED _____

Date

Electrical Inspector