

*Incorporated Village of Malverne*  
*Building Department*

99 Church Street, Malverne New York 11565-1726  
Phone: (516) 599-1200 ext. 113/114 • Fax: (516) 823-0767

**APPLICATION FOR A PLUMBER'S LICENSE**  
**(PLEASE PRINT ALL INFORMATION)**

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS P#: \_\_\_\_\_ CELL P#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*\*\*All licenses and permits will be emailed upon approval and will no longer be mailed out. Please be sure to provide a valid business email address.\*\*\***

***“No registered plumber shall sign a plumbing permit or act as an agent for a person who is not a licensed plumber in the Village of Malverne. A violation of this rule will be deemed sufficient reason by the Superintendent of Buildings for the cancellation of a certificate of registration.”***

The contractor shall indemnify and hold the Municipality, its elected and appointed officials, employees and volunteers, harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permits holders/licensee operations within the Municipality including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

STATE OF NEW YORK }  
COUNTY OF NASSAU }

I hereby declare, under oath that I have read the above statement, answered all of the above questions truthfully, and that I am the person applying for a Malverne Plumber's License and that I have affixed my signature to this application. I further declare that I have fully complied with the requirements for obtaining my license, as set forth herein.

Sworn to be before me this \_\_\_\_\_

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

\_\_\_\_\_  
Notary Public

