

City of Athens, Tennessee

Community Development Department
815 North Jackson Street
Athens, Tennessee 37303

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: _____ \$35.00 **Date Paid:** _____

===== (For City Use Only)

City of Athens License No.: _____ **Classification:** _____

NOTE: ATTACH A COPY OF STATE LICENSE