



City of Walker
P.O. Box 217
(225)665-8893 / (225)664-0140 fax
LICENSE APPLICATION

OFFICIAL USE ONLY

License Number _____ Alternate License Number _____ Date Issued _____

License Description: _____

LICENSEE INFORMATION

Business Name: _____

First Name: _____ Last Name: _____

PHYSICAL ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

MAILING ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

State Licensed? _____ YES _____ NO State License Number: _____

LICENSE TYPE

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Mechanical/HVAC Contractor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Gas Contractor | |
| <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> Site License | |

COMMENTS

FEES

Licensing Fees: _____

Total: _____

AUTHORIZED SIGNATURES

I, the undersigned, do hereby declare, to the best of my knowledge, that all information and statements of fact are true and correct.

Applicant Signature

Application Date

License Administrator