

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
STARK COUNTY HEALTH DEPARTMENT
7235 Whipple Ave NW, Suite B
NORTH CANTON, OHIO, OH 44720
1-330-493-9904**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: _____

Bond Company: _____ Bond Expires: ____ / ____ / ____

Email: _____ License _____

REGISTRATION EXPIRES JANUARY 31st OF EACH YEAR

CONTRACTOR'S REGISTRATION FEE - \$70.00

A late penalty fee (\$35.00) will be added after 1/31

I hereby apply to renew my registration as a plumbing contractor in Stark County, Ohio. I authorize any person, apprenticeship committee, partnership, corporation, business entity, school, labor union, political subdivision, and any agency thereof, to provide to the Stark County Board of Health any records, documents or other information which it deems necessary to verify the information I have provided to the Stark County Health Department.

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR _____ 2025

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____