

**APPLICATION FOR MECHANICAL LICENSE**

**CITY OF CLIVE  
COMMUNITY DEVELOPMENT DEPARTMENT  
1900 NW 114<sup>TH</sup> STREET  
CLIVE, IOWA 50325  
(515)223-6221 FAX (515)457-3091**

**APPLICATION FEE: \$40.00**

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*License expires December 31, 2008*  
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COMPANY NAME: \_\_\_\_\_

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

MANAGER/OWNER: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STATE CONTRACTORS REGISTRATION NO.: \_\_\_\_\_

**I, the undersigned, hereby make application for the above Municipal License under the provisions of the Municipal Code for the City of Clive, Iowa and further acknowledge that I am familiar with the City of Clive Chapter 159 Mechanical Code.**

*The above referenced codes can be obtained on Clive's website: [www.cityofclive.com](http://www.cityofclive.com) (City Code) or by requesting a copy from the Community Development Department.*

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

**REMIT TO: CITY OF CLIVE  
COMMUNITY DEVELOPMENT DEPARTMENT  
1900 NW 114<sup>th</sup> Street  
Clive, IA 50325**

*For City Use Only*

Date Payment Received \_\_\_\_\_

LICENSE NO: \_\_\_\_\_