

## UTILITY LICENSE APPLICATION

which utility are you applying to v	ork on? $\square$ water	□ Sewer □	Storm Drain
In an effort to protect the City's investi systems owned or controlled by the Cit system must first obtain a license.			
Have you been licensed by the City of □Yes □	Dover to work on municipa No If so, when?		drainage utilities previously?
Have you ever been denied a license of sewer or drainage lines previously?  ☐ Yes ☐	had a license revoked by the No If so, when?		n municipally owned water,
If your company has not held a license please provide three references who ar check reference prior to issuing a licen	e familiar with your compar		
All contractors must provide a valid Contractors must provide a valid Contract own license and cannot operate or		ore any work may commer	ce. Subcontractors must obtain
PROVIDE PROFESSIONAL REFERI THE ISSUANCE OF THE UTILITY I		ITY CHECKED OFF, TO	BE CHECKED PRIOR TO
NAME	ADDRESS		PHONE NUMBER
I agree to work on the municipally own of Dover ordinances, including but not the Dover Utilities Commission and/or ordinances and any other city standard any excavation that will occur in any C and conditions of that permit. I unders for just cause in the event that any water for satisfactory work.	limited to Chapters 153 and Director of Community Ses, as applicable. I also agreed ty right-of-way under the jutand that the Director of Co	d 157, along with any Rule rvices. Such work shall co e to comply with the requir surisdiction of the City of I mmunity Services reserves	s & Regulations established by perform to the requirements of rements of Chapter 125-8, for Dover and will abide by the terms of the right to revoke the license
Having complied with these requireme	nts and City of Dover Ordin	nances, Chapters 153 and 1	57.
			Company Name
			Address
	nit to be issued via email u		Email/Telephone
is hereby licensed to perform utility wo until and including December 31, 202_	ork on City owned water, se	wer or storm drainage infr	astructure, from this date
CONTRACTOR SIGNATURE	_	CITY STAFF	DATE
CONTACT PERSON (PRINTED)	_	*FEE: \$25.00 Paid: cash □ cred	it card □ check #: