

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
MORROW COUNTY HEALTH DISTRICT  
619 W. MARION RD  
MT. GILEAD, OH 43338  
1-419-947-1545**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: 0

Bond Company: \_\_\_\_\_ Bond Expires:  / /

Email: \_\_\_\_\_ License \_\_\_\_\_

Please verify that all information is correct and change as needed.

A fee of \$100.00, an original \$10,000.00 Morrow County surety bond and a current State of Ohio Registration Card must accompany this application.

My signature signifies that I am familiar with the plumbing regulations as duly adopted by the Morrow County Board of Health and hereby agree to abide by these regulations.

Applications and other forms are available online. Please visit our website at:  
[www.morrowcountyhealth.org](http://www.morrowcountyhealth.org)

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER 0

YEAR 2021

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_

DATE \_\_\_\_\_