

**City of Cranston  
Drain Layers License Application**

I hereby apply for a Drain Layers License

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City - State: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Plumbing Inspector

Approved \_\_\_\_\_  
Building Official

Fee due \$100.00

Bond required \$3000.

Licenses are issued for a calendar year....expiration date December 31.

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For Office Use:

Fee paid date: \_\_\_\_\_

Bond received date: \_\_\_\_\_

License # \_\_\_\_\_