

Application for Electrical Trade License

Return form and fee to: Mounds City Hall PO Box 310, 1319 Commercial Avenue, Mounds OK 74047

Name of Applicant:	
Company Name:	
Address:	
Phone ()	Cell ()
State License Number:	
Signature	Date:
Ci	ity Official:
A Certificate of Insurance and Current Stat application.	re-Issued License must accompany this
License is good for one calendar year from	the date of this application.