

**CONTRACTOR LICENSE APPLICATION**

UPPER DARBY TOWNSHIP  
DEPARTMENT OF LICENSES & INSPECTIONS  
100 GARRETT ROAD - ROOM 109  
UPPER DARBY, PA 19082-3135  
**FAX (610) 734-7638**  
**PHONE (610) 734-7613**  
**WWW.UPPERDARBY.ORG**

AMOUNT \$ \_\_\_\_\_  
DATE \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
CODE \_\_\_\_\_

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I CERTIFY THAT I AM AN INDIVIDUAL CONTRACTOR, PARTNERSHIP OR CORPORATION WITH NO EMPLOYEES. IF I DO HIRE ANY EMPLOYEES I WILL SUPPLY UPPER DARBY TOWNSHIP WITH A WORKERS COMPENSATION INSURANCE CERTIFICATE.

(PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

**BUSINESS INFORMATION (\$50.00 FEE FOR CONTRACTING LICENSE)**

BUS. NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

(Business name must be the same as any company advertisements: signs, flyers, vehicle logos, etc. or license is not valid)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUS. PHONE # \_\_\_\_\_ CELL \_\_\_\_\_

(Bus. Phone# is what will be listed as your public contact number on our website)

GENERAL DESCRIPTION OF BUSINESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ OR FEDERAL I.D. NUMBER \_\_\_\_\_

**NOTE: CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.**  
**Policy must have a minimum of \$500K Liability per occurrence.**

NAME OF INSURANCE AGENT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**APPLICANT INFORMATION**

(APPLICANT MUST BE EITHER THE OWNER, PRESIDENT, CEO, ETC. FOR THE BUSINESS)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**SPECIAL LICENSE INFORMATION**

TYPE: [ ] MASTER PLUMBER (\$25.00) [ ] MASTER ELECTRICIAN (\$25.00)

\_\_\_\_\_ # OF JOURNEYMEN (\$10.00) \_\_\_\_\_ # OF APPRENTICE (\$10.00)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ SOCIAL OR FED I.D.# \_\_\_\_\_

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I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by law or ordinance. Also I/we authorize you to obtain any information that you may require concerning statements in this application, which shall remain the property of Upper Darby Township.

(PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_