

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

AMOUNT \$ _____
DATE _____
LICENSE # _____
CODE _____

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BUSINESS INFORMATION

BUS. NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUS. PHONE # _____

TYPE OF BUSINESS: INDIVIDUAL PROPRIETORSHIP PARTNERSHIP CORPORATION

GENERAL DESCRIPTION OF BUSINESS: _____

SOCIAL SECURITY NUMBER _____ OR FEDERAL I.D. NUMBER _____

NOTE: CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.

PUBLIC LIABILITY INSURANCE CARRIER _____

POLICY NUMBER _____ EXPIRATION DATE _____ AMOUNT _____

WORKMEN'S COMPENSATION INSURANCE CARRIER _____

POLICY NUMBER _____ EXPIRATION DATE _____ AMOUNT _____

NAME OF INSURANCE AGENT _____ PHONE NUMBER _____

YEARS IN BUS _____ NUMBER OF EMPLOYEES _____ PREVIOUS UD TRADE LICENSE NUMBER _____

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APPLICANT INFORMATION

NAME _____ TITLE _____ HOME PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

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SPECIAL LICENSE INFORMATION

TYPE: MASTER PLUMBER JOURNEYMEN PLUMBER _____ # OF APPRENTICE

MASTER ELECTRICIAN _____ # OF JOURNEYMEN _____ # OF APPRENTICE

NAME _____ ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER _____ SOCIAL OR FED I.D.# _____

PREVIOUS UD LIC # _____ IF NEW, WHERE WAS TEST PASSED _____

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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) _____