

BOROUGH OF EDDYSTONE

APPLICATION FOR CONTRACTOR'S REGISTRATION/LICENSE

1300 EAST 12TH STREET, EDDYSTONE, PA 19022 PHONE (610) 874-1100 FAX (610) 874-1605

LICENSE FEE is \$100.00 (Make checks payable to the Borough of Eddystone)

COMPLETE ALL FIELDS ON THIS APPLICATION FORM (PRINT LEGIBLY); ALSO PROVIDE NOTARIZED SIGNATURE AND VALID CERTIFICATE OF INSURANCE. CONTRACTOR'S LICENSE SHALL BE VALID FROM THE DATE OF ISSUANCE TO THE END OF THE CALENDAR YEAR. LICENSE APPLICATION AND WORK PERMIT APPLICATIONS MUST BE APPROVED PRIOR TO STARTING ANY WORK. FAILURE TO RECEIVE A LICENSE BEFORE THE COMMENCEMENT OF WORK WILL RESULT IN DOUBLE OF FEES.

APPLICANT'S NAME _____ DATE _____

APPLICANT'S TITLE _____ BIRTH DATE _____

CONTRACTOR CLASSIFICATION (CIRCLE APPLICABLE DISCIPLINES)

GENERAL ELECTRICAL PLUMBING HVAC FIRE (SPRINKLER) ROOFING/SIDING

OTHER _____

BUSINESS TYPE (CIRCLE ONE) INDIVIDUAL, PARTNERSHIP, CORP, INC. LLC

BUSINESS NAME _____

BUSINESS ADDRESS _____

FED TAX ID # _____ OR SOCIAL SECURITY # _____

BUSINESS PHONE # _____ CELL# _____ EMAIL _____

YEARS IN BUSINESS: _____ PREVIOUSLY LICENSED IN EDDYSTONE (Y/N): _____ YEAR _____

OTHER MUNICIPALITY LICENSES _____
(For Plumbing, Provide Delaware County Municipal Plumbers Council - DCMPC ID #)

REQUIRED IS A COPY OF CONTRACTOR'S CERTIFICATE OF INSURANCE WITH THE BOROUGH NAMED AS A CERTIFICATE HOLDER.

GENERAL LIABILITY AND WORKER'S COMPENSATION INFORMATION: (Contractors **without** employees performing work may claim exemption by stating EXEMPT - NO EMPLOYEES below and signing in presents of Notary)

GL & WC Insurers name, Insurers address, Policy #, Policy expiration date

APPLICANT SIGNATURE

SEAL

Sworn to and subscribed before me
this _____ day of _____, 20____

Notary public Signature _____ My Commission Expires _____

Do not write in this area. (To be approved by Eddystone Appropriate Agent)

SIGNATURE OF APPROVAL: _____ DATE: _____