

UPPER SOUTHAMPTON TOWNSHIP
939 STREET ROAD
SOUTHAMPTON, PA 18966
(215) 355-0677

APPLICATION FOR CONTRACTOR'S LICENSE

DATE _____

REQUIREMENTS

Applicant Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____
Work Phone _____

_____ Individual _____ Partnership _____ Corporation

Trade Name _____ Number of Years in Business _____

Title _____ Birth Date _____

Social Security No. _____

IDENTIFICATION NUMBERS

City _____ State _____ Federal _____

Trade License# _____ Issued by _____ Date Issued _____

EMPLOYER INFORMATION
(IF APPLICABLE)

Firm Name _____

Owners/Partners/Directors/Officers:

Name	Address	Telephone#
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_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE

1. List Areas of Competency: _____

2. List All Types of Proposed Work: _____

APPLICATION FOR CONTRACTOR'S LICENSE (CONTINUED)

BACKGROUND INFORMATION

1. Have any municipalities, boroughs, etc. refused to issue or have revoked a similar license within the past 2 years? Yes No

2. If yes; state reasons for denial or revocation:

3. List all jobs performed within the past 3 months (or the past 10 jobs, minimum, regardless of the time period). Indicate the name, address, and telephone number of the party who contracted with the applicant and indicate the type of job.

a. Name	Address	Telephone No.	Type of Job
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

4. List all convictions of crimes, offenses, or violations of federal, state, common law or ordinances which were related to the applicants work or contracts as a contractor (conviction shall include guilty pleas of nolo contendere. Please include the caption, court and term number of the proceedings leading to the conviction).

LIABILITY INSURANCE INFORMATION

Public Liability Insurance Carrier _____

Policy# _____ Amount _____

Policy Period: From _____ To _____

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:
 Yes No

APPLICATION FOR CONTRACTOR'S LICENSE (CONTINUED)

Apprenticeship:	From	To
Former Employer		
Former Employer		
Present Employer		

Write Here Any Other Experience in Plumbing or Electrical and Describe Your Duties and Responsibilities (Indicate Last Name and Title of Immediate Supervisor). Use Reverse Side of This Page if Additional Space is Needed.

Signature of Applicant _____
 Address _____
 County or _____
 Municipality of _____

Subscribed and sworn to before me this _____ day of _____ 19_____

 (Signature of Notary Public)

My commission expires: _____

(Seal)

OFFICIAL USE ONLY

DATE ISSUED _____

LICENSE # _____

APPROVED BY _____