

CONTRACTOR LICENSE APPLICATION

BOROUGH OF TRAINER
DEPARTMENT OF LICENSES & INSPECTIONS
824 MAIN STREET
TRAINER, PA 19061
PHONE: 610-497-3838
FAX: 610-497-7840

AMOUNT \$ \$100.00 per yr.
DATE _____
LICENSE # _____
CODE _____

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

(PRINT) _____

(SIGNATURE) _____

TYPE OF BUSINESS: [] INDIVIDUAL PROPRIETORSHIP [] PARTNERSHIP [] CORPORATION

BUSINESS INFORMATION (\$100.00 FEE FOR CONTRACTING LICENSE)

BUS. NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUS. PHONE # _____

GENERAL DESCRIPTION OF BUSINESS: _____

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

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

NAME OF INSURANCE AGENT _____ PHONE NUMBER _____

PREVIOUS UD TRADE LICENSE 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

NAME _____ ADDRESS _____ CITY _____

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

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

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) _____