

License # _____

APPLICATION FOR CONTRACTORS LICENSE

Please Print Legibly

Pursuant to Township Ordinance #570, and submission of the fee of \$150.00, I hereby apply for a contractor's license for work in the Township, and I herewith I submit the following:

Business Owner Information

Date of Application _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ (Required)

Type of Business: Proprietorship _____ Partnership _____ Corporation _____

Date Business Established _____ License # _____

Employer ID Numbers: City _____ State _____ Federal _____

Liability Insurance Carrier _____ Policy # _____ Amount \$ _____

Worker Comp Carrier _____ Policy # _____

Ctf. of Insurance (Agent) _____ Phone # _____ Policy Period _____

APPLICANT INFORMATION

Name _____ Date of Birth: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Office Phone Number: _____ Cell Number: _____

Email Address: _____ (Required)

Prior Year License #: _____

TOWNSHIP OF DARBY
LICENSE & INSPECTIONS DEPARTMENT
21 BARTRAM AVENUE, GLENOLDEN, PA 19036
PHONE (610) 586-1514 FAX (610) 586-0779
www.darbytp.org

License # _____

WORK EXPERIENCE LAST 4 YEARS – list last job first

Employer _____ Kind of Business _____ Your Title _____

Address _____

Phone # _____ From _____ To _____

Duties and Responsibilities _____

I certify that the information and /or statements contained herein are true and correct to the best of my knowledge and belief. I understand if I knowingly make any false statements herein I am subject to such penalties as may be prescribed by law or Township Ordinances.

Applicant Signature _____ Print Name _____

Authorized Signature _____ Print Name _____

Authorized Signature Title _____ Date _____

Township Issued License Number _____