

APPLICATION FOR CONTRACTORS LICENSE LICENSE FEE - \$100.00 CLASSIFICATION	Township of Darby 21 Bartram Avenue Glenolden, PA 19036	DATE _____ LICENSE NO. <i>(For Dept. Use Only)</i>
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Pursuant to Ordinance #570, I hereby apply for a Contractor's License in the Township of Darby and I submit the following statement.

BUSINESS INFORMATION

FIRM NAME	ADDRESS	PHONE
TYPE OF BUSINESS <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
EMPLOYER IDENTIFICATION NUMBERS	FEDERAL	LICENSE NO.
CITY	STATE	
PUBLIC LIABILITY INSURANCE CARRIER	POLICY #	AMOUNT
WORKMAN'S COMPENSATION INSURANCE CARRIER	POLICY #	
CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD
NUMBER OF YEARS IN BUSINESS		

APPLICANT INFORMATION

NAME	HOME ADDRESS	HOME PHONE
BIRTH DATE	TITLE	IF PREVIOUSLY LICENSED LICENSE # YEAR
NAME	HOME ADDRESS	HOME PHONE
BIRTH DATE	TITLE	IF PREVIOUSLY LICENSED LICENSE # YEAR
NAME	HOME ADDRESS	HOME PHONE

STATEMENT OF WORK EXPERIENCE FOR THE PAST 4 YEARS (Last job first)

NAME OF EMPLOYER	KIND OF BUSINESS
ADDRESS	FROM TO POSITION HELD

DESCRIBE YOUR DUTIES AND RESPONSIBILITIES *(List name and title of immediate supervisor)*

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.

Applicant _____ (Seal)

_____ (Seal)

Authorized Signature _____

Title _____