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|--|---|---|
| <b>APPLICATION FOR<br/>CONTRACTORS LICENSE</b> | <b>TOWNSHIP OF CONCORD</b>  | LICENSE: (CIRCLE)                           |
|  | <b>43 THORNTON ROAD<br/>GLEN MILLS, PA 19342<br/>610-459-8911</b> | DEVELOPER GC<br>PLUMBER HVAC<br>ELECTRICIAN |

Pursuant to Ordinance # 254 I hereby apply for Contractors License in the Township of Concord and I submit the following statement.

**THIS FORM MUST BE COMPLETELY FILLED IN AND SIGNATURE NOTARIZED.  
ORIGINAL FORM WITH NOTARY SEAL MUST BE RETURNED TO TOWNSHIP. \$100.00 CHECK MADE PAYABLE TO CONCORD TOWNSHIP IS DUE AT TIME OF APPLICATION. AN INSURANCE CERTIFICATE, NAMING THE TOWNSHIP OF CONCORD AS CERTIFICATE HOLDER AND ADDITIONALLY INSURED IS TO BE ATTACHED HERETO.**

**BUSINESS INFORMATION**

|   |   |                |
|---|---|----------------|
| COMPANY NAME:   | ADDRESS:  | BUS PHONE:     |
| CITY:   | STATE:                      ZIP CODE:   | CELL PHONE:    |
| TYPE OF BUSINESS:<br>INDIVIDUAL PROPRIETORSHIP                      PARTNERSHIP                      CORPORATION                                |   |                |
| EMPLOYER IDENTIFICATION NUMBERS:<br>CITY:                      STATE:                      FEDERAL:                      PHILA.MERCANTILE LIC.# |   |                |
| GENERAL LIABILITY INSURANCE CARRIER   | POLICY #:   | AMOUNT:        |
| WORKMAN'S COMPENSATION INSURANCE CARRIER:   | POLICY #:   |                |
| CERTIFICATE OF INSURANCE: (AGENT)   | PHONE:  | POLICY PERIOD: |
| NUMBER OF YEARS IN BUSINESS:  | LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR:<br>YES      NO      WHERE:                      DATE: |                |

**APPLICANT INFORMATION**

LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS

|  |                                      |             |
|--|--------------------------------------|-------------|
| NAME:  | HOME ADDRESS:                        | HOME PHONE: |
| BIRTH DATE:                      TITLE:  | IF PREVIOUSLY LICENSED<br>LICENSE #: | YEAR:       |
| NAME:  | HOME ADDRESS:                        | HOME PHONE: |
| BIRTH DATE:                      TITLE:  | IF PREVIOUSLY LICENSED<br>LICENSE #: | YEAR:       |
| NAME:  | HOME ADDRESS:                        | HOME PHONE: |
| BIRTH DATE:                      TITLE:  | IF PREVIOUSLY LICENSED<br>LICENSE #: | YEAR:       |
| <b>Have complaints against you ever been filed with the better business bureau or the consumer protection agency? Yes no</b> |                                      |             |
| <b>Do you agree to confirmation of the above with the better business bureau or other agencies? Yes no</b>                   |                                      |             |

*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.*

*We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of the Township of Concord.*

**SIGNATURE/TITLE :** \_\_\_\_\_

STATE/Commonwealth of \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_.

(NAME OF PERSON WHO IS HAVING SIGNATURE NOTARIZED)

\_\_\_\_\_  
**NOTARY PUBLIC**

**(NOTARY SEAL)**