

APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 PHONE 610-544-5780 FAX	DATE LICENSE NO (For Dept. Use Only)
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Pursuant to Ordinance #925 hereby apply for Contractors License in the Township of Springfield and I submit the following statement.

BUSINESS INFORMATION

FIRM NAME	FULL ADDRESS
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TYPE OF BUSINESS	<input type="radio"/> INDIVIDUAL PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION	CELL PHONE#	OFFICE PHONE#
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EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL	PHILA. MERCANTILE LICENSE NO.
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PUBLIC LIABILITY INSURANCE CARRIER	POLICY #	AMOUNT
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WORKMAN'S COMPENSATION INSURANCE CARRIER	POLICY #
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CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD
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NUMBER OF YEARS IN BUSINESS	LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR
	<input type="radio"/> YES <input type="radio"/> NO WHERE DATE

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

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

NAME	HOME ADDRESS	HOME PHONE
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TITLE	IF PREVIOUSLY LICENSED #	YEAR
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Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection agency? Yes No
Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes No

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 my 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 Springfield Township.

Applicant _____

Authorized Signature _____

Title _____

SPRINGFIELD TOWNSHIP – DELAWARE COUNTY, PA
WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application) Part II

PLEASE PRINT

A. The applicant is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law
 Yes No

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name _____ of _____ Applicant _____
Federal or _____ State _____ Employer _____ Identification _____ No. _____
Applicant is a qualified self-insurer for worker's compensation.

Certificate attached

Name of Worker's Compensation Insurer _____
Worker's Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing worker's compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Worker's Compensation Law.

Signature of applicant _____

Address _____

County of _____

