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| <b>APPLICATION FOR<br/>CONTRACTOR'S LICENSE</b>   | <b>WARMINSTER TOWNSHIP<br/>DEPARTMENT OF<br/>LICENSES &amp; INSPECTIONS</b><br><b>910 W. Bristol Road<br/>Warminster, PA 18974</b> | DATE   |
| <b>EXEMPT</b> Registered with the Commonwealth of PA<br><input type="checkbox"/> Home Improvement Contractor (For Dept. Use ) |  | Warminster LICENSE NO.<br>(For Dept. Use Only) |
| <b>TWP CLASSIFICATION</b> Electrician Plumber Contractor  |  |  |

**Pursuant to Warminster Township Ordinance #686, I/We hereby submit the following information and requirements:**

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF BUSINESS  LIMITED LIABILITY COMPANY  LIMITED PARTNERSHIP  
 INDIVIDUAL PROPRIETORSHIP  PARTNERSHIP  CORPORATION

PUBLIC LIABILITY INSURANCE CARRIER POLICY # \_\_\_\_\_ AMOUNT \_\_\_\_\_

WORKMAN'S COMPENSATION INSURANCE CARRIER POLICY # \_\_\_\_\_

CERTIFICATE OF INSURANCE (AGENT) PHONE \_\_\_\_\_ POLICY PERIOD \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ WHAT TYPE OF WORK DO YOU PERFORM  
 RESIDENTIAL  COMMERCIAL

LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR  
 NO  YES WHERE \_\_\_\_\_

**APPLICANT INFORMATION**

LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS. USE ADDTIOANL SHEETS IF NESSECARY.

|                      |                        |            |
|----------------------|------------------------|------------|
| NAME                 | TITLE                  | HOME PHONE |
| ADDRESS              | IF PREVIOUSLY LICENSED |            |
| CITY, STATE ZIP CODE | LICENSE #              | YEAR       |

|                      |                        |            |
|----------------------|------------------------|------------|
| NAME                 | TITLE                  | HOME PHONE |
| ADDRESS              | IF PREVIOUSLY LICENSED |            |
| CITY, STATE ZIP CODE | LICENSE #              | YEAR       |

|                      |                        |            |
|----------------------|------------------------|------------|
| NAME                 | TITLE                  | HOME PHONE |
| ADDRESS              | IF PREVIOUSLY LICENSED |            |
| CITY, STATE ZIP CODE | LICENSE #              | YEAR       |

**I/WE have registered and obtained a Certificate of Registration with the Bureau of Consumer Protection in the Office of Attorney General of the Commonwealth of Pennsylvania. A copy of this Certificate is being submitted with this application. I understand that I am exempt to register as a contractor ONLY if I perform work on residential properties.**

**CERTIFICATE OF REGISTRATION # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_**

I/WE hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I/WE understand that if I/we knowingly make any false statement herein, I am/we are subject to such penalties as may be prescribed by law and ordinance. I (We) authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of Warminster Township.

Applicant \_\_\_\_\_ (Seal)

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

**IMPORTANT:** Required fee and current Certificate of Insurance, including Workman's Compensation Insurance must accompany each application. Do not send cash. Make all checks and money orders payable to **WARMINSTER TOWNSHIP**. FEE ENCLOSED \$ \_\_\_\_\_