

APPLICATION FOR CONTRACTORS LICENSE - \$100.00	BOROUGH OF SHARON HILL 250 Sharon Avenue Sharon Hill, PA 19079 P - 610-586-8200 - F - 610-586-3991	DATE
		LICENSE NO. (For Dept. Use Only)

Pursuant to Ordinance #1133 hereby apply for Contractors License in the Borough of Sharon Hill and I submit the following statement

BUSINESS INFORMATION

PRINT NAME	OFFICE PHONE
ADDRESS	CELL PHONE
CITY, STATE, ZIP	FAX NUMBER
TYPE OF BUSINESS <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
EMPLOYER IDENTIFICATION NUMBERS CITY STATE	FEDERAL PHILA. MERCANTILE LICENSE NO>
PUBLIC LIABILITY INSURANCE CARRIER	POLICY # AMOUNT
WORKMANS COMPENSATION INSURANCE CARRIER	POLICY #
CERTIFICATE OF INSURANCE (AGENT)	PHONE POLICY PERIOD
NUMBER OF YEARS IN BUSINESS	

APPLICANT INFORMATION - IF INDIVIDUAL PRIVATE CONTRACTOR

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 _____