



SHARON HILL CODE ENFORCEMENT

250 Sharon Avenue * Sharon Hill, PA 19079
 Phone (610) 586 – 8200 * Fax (610) 586 – 3991
www.sharonhillboro.com

APPLICATION FOR CONTRACTOR'S LICENSE

\$150.00

BUSINESS INFORMATION			
Printed Name of Business			
Phone #			
Email Address			
Address			
City		State & Zip	
Type of Business	<input type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
EIN (Employer Identification Number)			
Length of Time in Business			

TRADE INFORMATION	
What trades do you have a certification(s) for. Which year did you received the certification(s)?	
<input type="checkbox"/> Carpentry	Year: _____
<input type="checkbox"/> Plumbing	Year: _____
<input type="checkbox"/> HVAC	Year: _____
<input type="checkbox"/> Electrical	Year: _____
Submit a copy of your contractor's license from any city.	

INSURANCE INFORMATION			
Certificate of Insurance (Agent)			
Liability Insurance Carrier			
Policy#		Liability Limits	\$
Workers Comp Carrier			
You must receive a waiver from your insurance broker if you do not carry workers comp coverage.			
Policy#		Workers Comp limits	\$
Certificate of Insurance must be submitted with this application for a Sharon Hill Contractor's License. The Borough of Sharon Hill must be listed as the certificate holder.			

I hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information, and belief). I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Print Your Name			
Signature		Date	