

LICENSE NO. _____

CONTRACTOR LICENSE APPLICATION

LICENSE FEE \$100.00 PER CALENDAR YEAR (JANUARY TO DECEMBER)

I hereby make applications for a License to do work in the Borough of Dunmore as (check one of the following):

General Contractor _____ Mechanical Contractor _____ Other _____

1. Applicant _____

2. Address _____

3. Phone Number _____

4. Type of Firm (check one): Sole Proprietorship ___ Partnership ___ Association ___
Incorporated ___ Other (specify) ___

5. Principal Officers Name and Address _____

6. Years Experience _____

7. Name, address, and telephone number of Insurer _____

8. Account of Public Liability Insurance & Certificate of Workman's Compensation Ins. _____

(CERTIFICATES OF INSURANCE REQUIRED)

The undersigned applicant verifies that all statements on this application are true and correct. The applicant further states that he/she understands any false statements made herein are subject to the penalties of **18 PA. Section 4904**, relating to unsworn falsification to Authorities.

9. APPLICANT'S SIGNATURE _____

APPROVED _____ DENIED _____ DATE _____

FEE PAID _____ AMOUNT _____ ZONING OFFICER _____

Return completed application, fee and Insurance Certificate to:

Dunmore Borough, 400 S. Blakely Street, Dunmore PA 18512 or Fax to: 570-343-8107