CONTRACTOR LICENSE REGISTRATION

Insurance Certificate Listing the Borough of Hatboro as Certificate Holder
Must Accompany Application

Certificate of Insurance Required — Fee: $100.00

Borough of Hatboro 414 S. York Road Hatboro, PA 19040	(215)443-9100 Phone (215)443-0182 Fax	Date: License No.:

CLASSIFICATION

Pursuant to Hatboro Borough Code, i (we) hereby apply for Contractor License and i (we) submit the following statement::

BUSINESS INFORMATION

Firm Name:	Address:	Phone:
City:	State:	Zip Code:

Type of Business: Individual Proprietorship Partnership Corporation

Employer Identification Numbers City:	State:	Federal:

Public Liability Insurance Carrier:
Policy No.: Amount:

Workmen's Compensation Insurance Carrier :
Policy No.: Amount:

Number of Years in Business:	

APPLICANT INFORMATION

Name: Home Address: Home Phone:

Birth Date: Title: If Previously Licensed-
Year:

STATEMENT OF WORK EXPERIENCE FOR THE PAST FOUR YEARS

Name of Employer: Kind of Business:

Address: From: To: Position Held:

Describe Your Duties and Responsibilities (Please supply last name and title of 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 (SIGNATURE)

_____
APPLICANT (PLEASE PRINT)