

**CERTIFICATE OF INSURANCE LISTING
LOWER GWYNEDD TOWNSHIP MUST
ACCOMPANY APPLICATION**



DATE: _____

LICENSE NO. _____

RECEIPT NO. _____

APPLICATION VALID: Jan. 1ST – DEC. 31ST

FEE: \$125.00

1130 N. Bethlehem Pike, PO Box 625, Spring House, PA 19477

Phone: 215-646-5302 Fax: 215-646-3357 www.lowergwynedd.org

APPLICATION FOR CONTRACTOR'S LICENSE

Pursuant to Lower Gwynedd Township Code I (we) hereby apply for a Contractor's License and I submit the following statement:

COMPANY NAME:	ADDRESS:	CITY/STATE/ZIP:
EMAIL:	PHONE:	FAX:

TYPE OF BUSINESS: <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	FEDERAL TAX ID #:
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INSURANCE CARRIER AND POLICY(S) #:	AGENT(S):
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I HEARBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENTS HEREIN I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

APPLICANT: _____ (CORPORATE

AUTHORIZED SIGNATURE: _____ SEAL)

TITLE: _____

DATE: _____