

INSURANCE CERTIFICATE LISTING *LOWER GWYNEDD*
 TOWNSHIP AS A CERTIFICATE HOLDER MUST
 ACCOMPANY THIS APPLICATION

FEE: \$125.00
(SEPT. 1 THRU AUG. 31)

| | | |
|---|---|------------|
| APPLICATION FOR CONTRACTOR'S LICENSE | LOWER GWYNEDD TOWNSHIP 1130 N. BETHLEHEM PIKE P.O. BOX 625 SPRINGHOUSE, PA 19477 P- (215) 646-5302 F- (215) 646-3357 | DATE: |
| | | LICENSE #: |

Pursuant to Lower Gwynedd Township Code 1 (we) hereby apply for a Contractor's License and I submit the following statement:

BUSINESS INFORMATION

| | | |
|---|---------------|-------------------|
| FIRM NAME: | ADDRESS: | PHONE: |
| CITY: | STATE: | ZIP: |
| FAX #: | CELL PHONE #: | BEEPER #: |
| TYPE OF BUSINESS: <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | |
| EMPLOYER IDENTIFICATION NUMBERS: CITY: | STATE: | FEDERAL: |
| PUBLIC LIABILITY INSURANCE CARRIER: | | POLICY #: |
| WORKER'S COMPENSATION INSURANCE CARRIER: | | POLICY #: |
| CERTIFICATE OF INSURANCE (AGENT) | | PHONE #: |
| NUMBER OF YEARS IN BUSINESS: | | POLICY PERIOD: |
| CONTACT PERSON: | | KIND OF BUSINESS: |
| TITLE: | | |

I hereby 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: _____

