

CONTRACTOR'S REQUIREMENTS

- 1. Must hold current license.
- 2. Updated insurance endorsements.
- 3. Must comply with Act 44 of 8-31-93 Workman's Comp.

License Number: _____

APPLICATION FOR CONTRACTORS LICENSE - CITY OF NANTICOK

DATE: _____

I hereby make application for a License to do work in the City of Nanticoke as:
Check One Of The Following:

- | | | |
|---|---|---|
| <input type="checkbox"/> MASTER PLUMBER | <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> GENERAL CONTRACTOR |
| <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> JOBBING CONTRACTOR |
| <input type="checkbox"/> HEATING CONTRACTOR | <input type="checkbox"/> MASONRY CONTRACTOR | <input type="checkbox"/> DEMOLITIONS CONTRACTOR |
| <input type="checkbox"/> PUMP & TANK CONTRACTOR | <input type="checkbox"/> MECHANICAL CONTRACTOR | <input type="checkbox"/> STEEL ERECTORS |
| <input type="checkbox"/> ROOFING CONTRACTOR | <input type="checkbox"/> SIGN CONTRACTOR | <input type="checkbox"/> SPECIALTY CONTRACTOR |
| <input type="checkbox"/> FENCE CONTRACTOR | | |

1. APPLICANT: _____

2. ADDRESS: _____

3. NAME OF FIRM, CORPORATION, ASSOCIATION: _____

4. ADDRESS: _____

5a. NAME and ADDRESS OF ALL OFFICERS: _____

5b. OWNER or PRESIDENT OF THE COMPANY AND ADDRESS: _____

6. AGE OF APPLICANT: _____ TELEPHONE NUMBER: _____

7. PREVIOUS EMPLOYERS/ SELF EMPLOYED: _____

8. HOLDING VALID LICENSE: _____ YEARS OF PREVIOUS EXPERIENCE: _____

9. AMOUNT OF PUBLIC LIABILITY INSURANCE: _____

10. NAME AND ADDRESS OF INSURER: _____

11. LETTERS OF RECOMMENDATION RECEIVED FROM: _____

12. SIGNATURE OF APPLICANT: _____

APPROVED: _____ DENIED _____ DATE _____

FEE PAID: _____