

APPLICATION FOR CONTRACTOR'S LICENSE

CITY OF NANTICOKE

15 EAST RIDGE ST.  
NANTICOKE, PA 18634  
(570) 735-2800 ext. 104 LICENSE NUMBER \_\_\_\_\_  
FAX (570) 258-0909

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"/> JOBBER CONTRACTOR
<input type="checkbox"/> HVAC CONTRACTOR	<input type="checkbox"/> MASONARY 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"/> ROOF CONTRACTOR	<input type="checkbox"/> SIGN CONTRACTOR	<input type="checkbox"/> SPECIALITY CONTRACTOR
<input type="checkbox"/> FENCE CONTRACTOR		

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF FIRM, CORPORATION, ASSOCIATION: \_\_\_\_\_

NAME AND ADDRESS OF ALL OFFICERS: \_\_\_\_\_  
\_\_\_\_\_

OWNER OR PRESIDENT OF COMPANY ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PREVIOUS EMPLOYER/SELF EMPLOYED: \_\_\_\_\_

HOLDING A VALID LICENSE: \_\_\_\_\_ YEARS OF PREVIOUS EXPERIENCE: \_\_\_\_\_

AMOUNT OF PUBLIC LIABILITY INSURANCE: \_\_\_\_\_

NAME AND ADDRESS OF INSURER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE PAID \_\_\_\_\_

CODE ENFORCEMENT OFFICER

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- 1. MUST HOLD CURRENT LICENSE
  - 2. UPDATED INSURANCE ENDORCEMENTS
  - 3. MUST COMPLY WITH ACT 44 WORKSMANS COMP
  - 4. FIRST TIME LICENSE FEE \$200.00