

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

Certificate of Insurance Required

Fee: \$125.00

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)