

APPLICATION
KIDDER TOWNSHIP CONTRACTOR'S LICENSE

Office Use Only:

CONTRACTOR'S NUMBER _____

YEAR _____

Jan 1 - Dec 31

NAME OF APPLICANT _____

TRADE NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

CELL PHONE: _____ FAX NUMBER _____

TYPE OF CONTRACTING _____

YEARS EXPERIENCE _____

UNDER WHICH ONE PRIMARY CATEGORY DO YOU WISH TO BE LISTED? CHECK ONLY ONE

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> HOME CONSTRUCTION | <input type="checkbox"/> EXCAVATING | <input type="checkbox"/> ELECTRICIAN |
| <input type="checkbox"/> PLUMBER | <input type="checkbox"/> REMODELING | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> MASONRY | <input type="checkbox"/> PAINTING |
| | <input type="checkbox"/> OTHER _____ | |

NAME OF JOB SUPERVISOR(S) _____

STREET _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

CELL PHONE _____ FAX NUMBER _____

ARE YOU LICENSED IN ANY OTHER MUNICIPALITY AS A CONTRACTOR? NO YES

IF YES, WHERE? _____ DATE LICENSED _____

SIGNATURE OF APPLICANT _____ DATE _____

- \$100.00 NEW**
 \$50.00 RENEWAL (License held previous year) **Previous Year's License Number** _____

**ATTACH CERTIFICATE OF INSURANCE SHOWING LIABILITY AND WORKER'S COMP
AND NAMING KIDDER TOWNSHIP AS CERTIFICATE HOLDER**

RETURN TO: KIDDER TOWNSHIP, P. O. BOX 576, LAKE HARMONY PA 18624
Phone: (570)- 722-8179 FAX: (570) 722-5636

FOR OFFICE USE ONLY: FEE: \$ _____ DATE PAID _____ CHECK # _____

Revised 7/25/06

Workers' Compensation Insurance Coverage Information
(attach to Contractors' License Application)

A. The applicant is:

A contractor within the meaning of the Pennsylvania Worker's Compensation Law
 Yes No

If the answer is "Yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation
 Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **(Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me

This _____ day of _____ 20____

Signature of Applicant _____

Address _____

(Signature of Notary Public)

County of _____

My Commission Expires: _____

Municipality of _____

(seal)