

UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187
UPPER CHICHESTER, PA 19061

Department of CODE ENFORCEMENT
Ph: 610.485.5719 Fax: 610.485.3615

DATE: _____

CONTRACTOR'S REGISTRATION FORM

Pursuant to Ordinance #456, I hereby apply for Contractor's Registration in the Township of Upper Chichester and I submit the following statement.

BUSINESS INFORMATION

Business Name:			Phone:	
Address:		City:	State:	Zip:
Type of Business: Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>				
Employer Identification Numbers:		State:	Federal:	Phila. Mercantile Lic#:
City:				
General Liability Insurance Carrier:			Policy #:	
Workman's Compensation Insurance Carrier:			Policy #:	
Certificate of Insurance: (Agent)		Phone:		Policy Period:
Number of Years in Business:		Licensed in any other Municipality as Contractor: Yes <input type="checkbox"/> No <input type="checkbox"/> Where:		

APPLICANT INFORMATION

List here the names of Owners, Partners, Directors, and Officers of Business

Name:			Phone:	
Address:		City:	State:	Zip:
Birthdate:	Title:	If Previously Licensed: License #		Year:
Name:			Phone:	
Address:		City:	State:	Zip:
Birthdate:	Title:	If Previously Licensed: License #		Year:
Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection Agency: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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.
We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of the Township of Upper Chichester.

Applicant Signature: _____

Title: _____

This form must be completely filled in and signed.
Original form must be returned to Township.
\$150.00 Check made payable to Upper Chichester Township is due at time of application.
An Insurance Certificate, naming the Township of Upper Chichester as an Additional Insured is to be attached.