APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF CONCORD 43 THORNTON ROAD GLEN MILLS, PA 19342 610-459-8911	LICENSE: GC DEVELOPER PLUM ELEC HVAC

Pursuant to Ordinance # 254 I hereby apply for Contractors License in the Township of Concord and I 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: PHILA.MERCANTILE LIC.#		
GENERAL LIABILITY INSURANCE CARRIER	POLICY #:	AMOUNT:
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 NO WHERE:	DATE:

APPLICANT INFORMATION

LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS

NAME:	HOME ADDRESS:	HOME PHONE:
BIRTH DATE: TITLE:	IF PREVIOUSLY LICENSED LICENSE #:	YEAR:
NAME:	HOME ADDRESS:	HOME PHONE:
BIRTH DATE: TITLE:	IF PREVIOUSLY LICENSED LICENSE #:	YEAR:
NAME:	HOME ADDRESS:	HOME PHONE:
BIRTH DATE: TITLE:	IF PREVIOUSLY LICENSED LICENSE #:	YEAR:
Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection Agency? Yes No **Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes No**		

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 Concord.

Signature/Title: _____

COMMONWEALTH OF PENNSYLVANIA)
)SS
COUNTY OF DELAWARE)

On this, the _____day of _____201__, before me a notary public, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public

This form must be completely filled in and signature notarized.

Original form with notary seal must be returned to Township. $100.00 Check made payable to Concord Township is due at time of application. An Insurance Certificate, naming the Township of Concord as Certificate Holder and Additionally Insured is to be attached hereto.

11/2007