

CONTRACTOR LICENSE APPLICATION

Borough of Trainer
Department of Licenses and Inspections
824 Main Street
Trainer, PA 19061
Phone: 610-497-3838 x106 Fax: 610-497-7840

LICENSING FEE \$100.00 per year

Borough use only
Date _____
License # _____
Code _____

I CERTIFY THAT I AM AN INDIVIDUAL CONTRACTOR, PARTNERSHIP OR CORPORATION WITH NO EMPLOYEES. IF I DO HIRE ANY EMPLOYEES I WILL SUBMIT TO THE BOROUGH OF TRAINER, A WORKERS COMPENSATION CERTIFICATE OF INSURANCE.

(PRINT NAME) _____

(SIGNATURE) _____

TYPE OF BUSINESS: [] INDIVIDUAL PROPRIETORSHIP [] PARTNERSHIP [] CORPORATION

BUSINESS INFORMATION

BUSINESS NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

GENERAL DESCRIPTION OF BUSINESS _____

SOCIAL SECURITY OR FEDERAL ID # _____

NOTE: CERTIFICATE OF LIABILITY INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION

NAME OF INSURANCE AGENT _____ PHONE # _____

APPLICANT INFORMATION

(APPLICANT MUST BE EITHER THE OWNER, PRESIDENT, CEO, ETC. FOR THE BUSINESS)

NAME _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPECIAL LICENSE INFORMATION

NAME _____ ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ SOCIAL OR FEDERAL ID# _____

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. Also I/we authorize you to obtain any information that you may require concerning statement in this application, which shall remain the property of Trainer Borough.

(PRINT NAME) _____

(SIGNATURE) _____