Borough of Pottstown

Borough Hall, 100 East High Street
Pottstown, Pennsylvania 19464-9525
Licensing & Inspections Dept.
610-970-6520 Email: LNIAdmin@pottstown.org

BOROUGH CONTRACTOR REGISTRATION APPLICATION

Certificate of Insurance, Workmans Compensation & Liability Insurance must be submitted with this application – Borough of Pottstown must be the certificate holder.

Year _____ **Only ONE registration request per application will be accepted.**

$125____Master Electrician - Name of Master Electrician**_____

$125____Master Plumber - Name of Master Plumber **_____

$125____Commercial Contractor (general, mechanical/HVAC, fire, tree service, etc) Please specify _____

$125____3rd Party Electrical - attach a list of Master Electricians working within the Borough of Pottstown

*Initial applications for Master Electrician and Plumber must be submitted with credentials.

Total Amount Due $_____ (Please make checks payable to "Borough of Pottstown")

Per Resolution passed on May 8, 2000: Any license(s) applied for after construction or activity has been initiated shall be twice the amount of the required fee.

Pursuant to Ordinance No. 1733 I hereby apply for a license in Pottstown and I submit the following information:

BUSINESS/APPLICANT INFORMATION

Type of Business: ( ) Individual Proprietorship ( ) Partnership ( ) Corporation

Business Name: _____ Phone #_____

Business Address: _____ Fax # _____
Number & Street City State Zip

Email (print):_____

Doing Business As (if applicable)_____ Phone #_____

Address: _____ Cell # _____
Number & Street City State Zip

1. Were you or your company previously registered with the Borough? **YES / NO** Registration #_____ Year_____

2.. Has your registration/license been revoked by any municipality within two years prior to the date of this application?
( ) Yes ( ) No If yes, attach explanation.

3. Have you ever been convicted of any criminal offenses for work as a contractor within two year prior to the date of this application?
( ) Yes ( ) No If yes, attach explanation.

4.. Have you any outstanding civil judgments pertaining to your work?
( ) Yes ( ) No If yes, attach explanation.

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.

_____ _____
License Holder Signature Date

Enclose a self-addressed stamped envelope for each license you want mailed to you.

OFFICE USE: Name on ID

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