Freeland Borough
Freeland, PA 18224

CONTRACTOR/BUSINESS LICENSE APPLICATION

BUSINESS/CONTRACTOR TRADE NAME: _____

ADDRESS OF BUSINESS/CONTRACTOR: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON (INCLUDE TITLE): _____

OWNER'S NAME(S): _____

OWNER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER:

- BUSINESS: _____
- OWNER: _____

TYPE OF SERVICE PERFORMED: _____

COMPLETE BELOW ONLY IF A CONTRACTOR

1. DO YOU HAVE THE REQUIRED LIABILITY INSURANCE?
   ☐ YES ☐ NO
2. IS PROOF OF WORKER'S COMPENSATION ATTACHED TO THIS APPLICATION?
   ☐ YES ☐ NO

NOTE: If the answer is NO, provide proof that you are not under any obligation to carry the required Worker's Compensation Insurance.

LIST 2 REFERENCES WITH ADDRESS AND TELEPHONE NUMBER ATTESTING TO THE QUALITY OF WORKMANSHIP:

A. _____

B. _____

FEE SCHEDULE

Annual cost is $100.00. THERE IS NO REBATE PERIOD.

CHECKS OR MONEY ORDERS ARE TO BE MADE PAYABLE TO: FREELAND BOROUGH
PO Box 148
FREELAND, PA 18224

OFFICIAL USE ONLY

☐ APPROVED ☐ DENIED
LICENSE #: _____
FEE PAID: _____
CHECK #: _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to Building Permit/Contractor License Application)

A. THE APPLICANT IS:

1. A contractor within the meaning of the Pennsylvania Worker's Compensation Law?
   ☐ YES ☐ NO

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: _____

POLICY #: _____ (Attach Certificate)

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 the Pennsylvania Workers' Compensation Law for one of the following reasons as indicated:

1. ☐ 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 Borough.
2. ☐ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____**,** 20____.

APPLICANT'S SIGNATURE: _____

(SIGNATURE OF NOTARY PUBLIC): _____

ADDRESS: _____

MY COMMISSION EXPIRES: _____

COUNTY OF:

_____

(SEAL)

MUNICIPALITY/STATE:

_____