CONTRACTOR'S REGISTRATION APPLICATION

Borough of Oxford

PO Box 380, 1 Octoraro Alley, Oxford, PA. 19363

Phone: 610-932-2500 codesadmin@oxfordboro.org Fax: 610-932-8119 **2026**

Administration fee: $75.00 (Commercial Only)

Make Checks Payable to : Borough of Oxford

A CERTIFICATE OF INSURANCE MUST ACCOMPANY APPLICATION

Type of Business:_____

BUSINESS INFORMATION:

Company Name: _____

Address: _____

City: _____State: _____ Zip: _____

Business Phone #: _____Contact Phone #: _____

Email address: _____

Individual Proprietorship Partnership Corporation

Number of Years in Business: _____# of Employees: _____

State Registration # : _____ Exp. Date: _____

Applicant Name: _____

Has any Municipality refused or revoked from the pplicant any similar Contractor's License within the past two (2) years? YES NO

If "yes", Why? _____

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 statements herein I am subject to such penalties as may be prescribed by law or ordinance.

Authorized Signature: _____Date: _____

----------FOR OFFICE USE ONLY----------

Fee Paid: _____Date: _____ ☐ Cash ☐ Check #: _____ Received by: _____

Borough of Oxford

Worker's Compensation Insurance Coverage Information

Business Name:_____

Federal or State Employers Identification No._____

Name of Worker's Compensation Insurer:_____

Worker's Compensation Insurance Policy No._____

Policy Expiration Date:_____

***Must have Certificate of Insurance showing worker's compensation**

EXEMPTION:

Complete the following if the applicant is a contractor claiming exemption from providing worker's compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

_____ 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.

_____ Religious exemption under the Worker's Compensation Law.

Signature of applicant:_____

Address:_____

_____

Date:_____

Guidelines for Contractors

In accordance to Borough Ordinance #___, all contractors are required to register in the Borough of Oxford prior to any building permits being issued. (A copy of this ordinance is available upon request).

The application must be completed in its entirety and the following information should accompany the application:

1. A "Certificate of Insurance" showing a minimum of $250,000.00 for General Liability Insurance. The Borough of Oxford must be named a certificate holder.

2. Workman's Compensation Insurance Certificate, if applicable, or Workers Compensation Affidavit. (These are available at Borough Hall upon request).

Contractors with employees must provide Workers Compensation Insurance. A **STOP WORK ORDER** will be issued to contractors who are not in compliance.

The Annual Fee for a contractor's license is **$75.00** if not State Registered and must be submitted with your application and your Certificate of Insurance.