Department of
Construction

CONTRACTOR'S LICENSE APPLICATION

Applicant Information

Name: (PRINT)_____ (Signature)_____

Trading or Doing Business As (DBA): _____

Mailing Address: _____

Business Address (if different from mailing address): _____

Federal Employee Identification Number (EIN): _____

Office Phone Number: _____ Cell Phone Number: _____

Email: _____

As part of the application process for the Township of Pennsauken's Contractor's License, please provide a copy of your current Certificate of Insurance ***at the time you submit*** *your license application. Applications without the required insurance certificate will not be processed. If you have any questions regarding this requirement, please contact our office for assistance.*


CERTIFICATE OF LIABILITY INSURANCE

NOTE: LICENSE MUST BE RENEWED WITHIN ONE YEAR OF BEING RECEIVED.

OFFICE USE ONLY

New_____ Renewal_____ Township License Number: _____

Received By:_____ Date Issued: _____ Payment:_____

Construction Official: _____