



BOROUGH OF POTTSTOWN
 100 E. High Street
 Pottstown, PA 19464-9525
 Phone 610-970-6520 Fax 610-970-6599

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 _____ **Please Check All You Are Applying For:**

- _____ Master Electrician \$100
- _____ Master Plumber \$100
- _____ Mechanical \$100
- _____ General Contractor \$100 (includes fire, alarm, tree service, etc)
 Please specify if other than General Construction _____

**Initial registrations for Electrician and Plumber must be submitted in person with credentials.

**Total Amount Due \$ _____ (Please make checks payable to “Borough of Pottstown”)

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

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): _____

Name on Registration: _____ 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 Has your registration/license been revoked by any municipality within two years prior to the date of this application?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

OFFICE USE: Name on ID
