



Upper Moreland Township  
 117 Park Avenue  
 Willow Grove, PA 19090  
 215-659-3100  
 215-659-8899 (fax)  
 www.uppermoreland.org

# Upper Moreland Township Contractor's License Application

<b>GENERAL INFORMATION:</b>	<b>FEE: \$75.00</b>
<i>Insurance certificates listing Upper Moreland Township, 117 Park Avenue, Willow Grove, PA 19090 as the certificate holder must accompany this application. Both workers' comp. and liability certificates may be faxed to 215-659-8899. Checks made out to: Upper Moreland Township (An additional fee will be added for all returned checks)</i>	

<b>I. BUSINESS INFORMATION</b>		<u>Type of Business:</u>	
Firm name	Address	<input type="checkbox"/> Individual proprietorship	Has this business previously been licensed with Upper Moreland Township? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation		
City, State, Zip	Ph #	Fax #	

Address changed? Yes (Please circle) Cell #:

<b>II. INSURANCE INFORMATION – **SEE NEXT PAGE**</b>	
1. SUBMIT INSURANCE CERTIFICATE FROM AGENT	
2. COMPLETE ATTACHED AFFIDAVID	

<b>III. APPLICANT INFORMATION</b>			
Name		Partner name	
Home address		Home address	
City, State, Zip		City, State, Zip	
Ph #	Fax #	Ph #	Fax #

<b>IV. TYPE OF CONTRACTOR</b>

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.

<b>HIC Contractors</b>  <b>PA# _____</b> <b>(if applicable)</b>
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Applicant signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-Mail Address if applicable: \_\_\_\_\_

# Upper Moreland Township Notarized Workers' Compensation Affidavit

## I. APPLICANT INFORMATION

Name \_\_\_\_\_

## II. INSURANCE INFORMATION

**Is applicant a contractor within the meaning of the Pennsylvania Workers' Compensation Law?**

YES, I have employees who are covered for Workers' Compensation Insurance.

NO, I do not have employees and do not carry Workers' Compensation Insurance (go to III & IV)

**If you answered YES above, choose one of the following:**

I am qualified self-insurer for Workers' Compensation.

I have included a certificate of insurance indicating my Workers' Compensation coverage.

## III. EXEMPTION

**Complete this section ONLY if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance**

Applicant is a contractor with no employees.

*(Contractor is prohibited by law from employing any individual to perform work pursuant to any building permit unless the contractor provides proof of Worker's Compensation insurance to the Township.)*

## IV. NOTARIZATION - Complete *only* if claiming exemption.

I, \_\_\_\_\_, the above-named applicant, do swear or affirm that the foregoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

Subscribed & sworn to me before this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**Sign only in presence of notary public**