



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

GENERAL INFORMATION:	FEE: \$75.00
<i>Only cash and checks are accepted for payment. An additional fee will be added for all returned checks</i>	

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

II. INSURANCE INFORMATION	
Liability insurance carrier	Policy #
Workmans' comp. carrier	Policy #
Insurance agent	Phone #
<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.</i>	

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

IV. TYPE OF WORK PERFORMED
Indicate type of work performed

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.

License #

Applicant signature: _____

Title: _____

Date: ____/____/____

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 (go to next question)

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

If you answered YES above, choose YES or NO below:

I am qualified self-insurer for Workers' Compensation. (go to IV)

I have included a certificate of insurance indicating my Workers' Compensation coverage. (go to IV)

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

All applicants must complete this section.

I, _____, the above named applicant, do swear 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