



BOROUGH OF COLLINGDALE

Delaware County, Pennsylvania

MUNICIPAL BUILDING
800 MACDADE BOULEVARD
COLLINGDALE PA 19023-8524
610-586-0500 FAX:610-586-9065

Application For Contractor's License

Application Fee: \$60.00

Today's Date: _____

Company Name: _____ Type of Business: _____
Address: _____ Proprietorship: _____ Corporation: _____
City/State/Zip: _____ Partnership: _____ Other: _____
Telephone Number: _____

Employer

Identification Number: _____
Liability Ins. Carrier: _____ Policy Number: _____
Worker's Comp Carrier: _____ Policy Number: _____
Insured Amt: _____ Policy Period: _____
Telephone Number: _____

Owner (1)

Owner's Name: _____ Telephone Number: _____
Address: _____ Title: _____
City/State/Zip: _____ Driver's License Number: _____

Owner (2)

Owner's Name: _____ Telephone Number: _____
Address: _____ Title: _____
City/State/Zip: _____ Driver's License Number: _____

PLEASE BE ADVISED!!!

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 subjected to penalties as prescribed by law or ordinance.

Signature of Applicant X _____ **Today's Date** _____

A certificate of Insurance must be received at this office before a license will be issued.