



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

APPLICATION FOR A CONTRACTOR'S LICENSE

(Application must be notarized)

DATE: _____ TYPE OF LICENSE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CONTACT NUMBER: _____

NAME OF BUSINESS/COMPANY: _____

ADDRESS OF BUSINESS/COMPANY: _____

WORK PHONE NUMBER: _____ FAX: _____

TYPE OF BUSINESS ORGANIZATION:

SOLE PROPRIETOR

PARTENERSHIP

CORPORATION

LLC

FEDERAL ID NUMBER: _____

SCRANTON SINGLE TAX OFFICE BUSINESS ACCOUNT NUMBER: _____

APPLICANT'S POSITION WITH FIRM/COMPANY: _____

NUMBER OF YEARS COMPANY/INDIVIDUAL HAS BEEN IN THE CONTRACTING BUSINESS:

HAS THE APPLICANT HAD AT LEAST 4 YEARS OF PRACTICAL TRAINING EXPERIENCE IN SAID FIELD UNDER A LICENSED CONTRACTOR?

YES

NO

N/A

EXPLAIN: _____

(IF YES, PLEASE ATTACHED 4 YEARS WORTH OF W-2 STATEMENTS AS PROOF)

IS THE APPLICANT A LICENSED OR CERTIFIED JOURNEYMAN IN SAID FIELD? IF SO, HOW LONG HAS THE APPLICANT SERVED AS SUCH AND WHERE OR IN WHAT CAPACITY?

PLEASE EXPLAIN: _____

PRINCIPAL TYPES OF CONSTRUCTION PERFORMED: _____

APPLICANT'S (INDIVIDUAL) PRACTICAL TRAINING EXPERIENCE IN THE CONTRACTING BUSINESS (ATTACH REFERENCES IF NEEDED):

APPLICANT'S (INDIVIDUAL) TECHNICAL TRAINING EXPERIENCE (ATTACH REFERENCES IF NEEDED):

HAS THE APPLICANT PASSED THE NECESSARY TEST SCORES IN SAID FIELD? YES NO

*IF YES, PLEASE PROVIDE PROOF OF TEST RESULT EXAMINATION(S).

IS THE APPLICANT LICENSED AS A CONTRACTOR IN ANOTHER MUNICIPALITY OR TOWNSHIP?

YES NO

EXPLAIN: _____

IS THE APPLICANT INSURED? YES NO

*ALL APPLICANTS MUST SHOW PROOF OF PROPERTY DAMAGE AND PUBLIC LIABILITY INSURANCE AMOUNTING TO \$500,000.00 PER PERSON AND \$1,000,000.00 PER OCCURANCE.

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I understand that any falsification on this application may result in my license application being denied. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Applicant or Authorized Agent

Date

County of _____ State of _____

I, _____, being duly sworn, depose and say that he/she is

of _____

And the answers to the foregoing questions and all statements therewith are true and correct.

Sworn to before me this _____ day of _____, 20 _____

OFFICIAL USE ONLY

APPROVED: YES

NO

DATE

SIGNATURE OF DIRECTOR/BCO
LICENSING, INSPECTIONS & PERMITS

COMMENTS:

