



**DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS**

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

**REQUIREMENTS FOR HOME IMPROVEMENT CONTRACTORS**  
**LICENSE FOR THE CITY OF SCRANTON**

- FILL OUT CONTRACTORS LICENSE APPLICATION IN FULL AND HAVE IT NOTARIZED *\*please do not sign the application until you are in front of the notary, does not have to be a PA notary*
- COPY OF THE PA HOME IMPROVEMENT REGISTRATION CERTIFICATE FROM THE PA ATTORNEY GENERAL'S OFFICE *\*<https://www.attorneygeneral.gov/resources/home-improvement-contractor-registration/>*
- SINGLE TAX OFFICE REGISTRATION NUMBER *\*Please contact 570-963-6756*
- COPY OF THE APPLICANT'S PHOTO ID OR DRIVERS LICENSE
- A LETTER OF RECOMMENATION-*\*could be from a former employer or client*
- GENERAL LIABILITY INSURANCE (\$500,000.00 –PER PERSON \$1,000,000.00- PER OCCURANCE)*\*can be in the company's name*
- LICENSE FEE: \$150.00 *\*License valid January 1-December 31 of the same year.*



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**HOME IMPROVEMENT CONTRACTOR LICENSE APPLICATION**

*(Application needs to be notarized)*

Date: \_\_\_\_\_

NAME OF APPLICANT (*\*not company name*) \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

PHONE NUMBER OF APPLICANT: \_\_\_\_\_

EMAIL ADDRESS OF APPLICANT: \_\_\_\_\_

NAME OF BUSINESS/COMPANY: \_\_\_\_\_

ADDRESS OF BUSINESS/COMPANY: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION (please circle)

*Sole Proprietor    Partnership    Corporation    Limited Liability Company (LLC)    N/A*

FEDERAL ID NUMBER: \_\_\_\_\_ SINGLE TAX OFFICE: \_\_\_\_\_

NUMBER OF YEARS INDIVIDUAL HAS BEEN IN CONTRACTING BUSINESS \_\_\_\_\_

PRINCIPAL TYPE OF WORK PERFORMED: \_\_\_\_\_

APPLICANT'S PRACTICAL/TECHNICAL TRAINING EXPERIENCE IN FIELD

*(Attach references if needed):* \_\_\_\_\_

IS APPLICANT INSURED?                      YES                      NO

*By applying for a home improvement license, you understand that this license is allowing you to perform construction repairs to Single and Duplex properties in the City of Scranton. It does not allow you to do any electrical, mechanical or plumbing work*

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**Applicant must provide a copy of PA Home Improvement Certificate from the PA Attorney General Office**



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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 penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

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

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that he/she is \_\_\_\_\_ of \_\_\_\_\_ and all answers to the foregoing questions and all statements therewith are true and correct.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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**OFFICIAL USE ONLY**

APPROVED FOR ANNUAL HOME IMPROVEMENT LICENSE:      YES                      NO

\_\_\_\_\_  
Signature of Director/BCO City of Scranton

\_\_\_\_\_  
Date

**COMMENTS:**

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