



12 East Baltimore Ave
Lansdowne PA 19050
610-623-7300

Borough of Lansdowne Community Development Department Application for Contractor Registration

Date: _____
FEE:\$ _____
ISSUED: _____

Business Name: _____

Type of Contractor: _____

Owner Name: _____

Mailing Address: _____

Business Phone Number: _____

Cell Phone Number: _____

Email address: _____

Type of Business: Individual Proprietorship Partnership Corporation

Required to be submitted with Application for Contractor:

1. Current Certificate of Insurance with \$300,000 minimum each occurrence on the general liability and a fifteen (15) day cancellation notice. Borough of Lansdowne must be listed as the "Certificate Holder".

Has the Applicant had a similar Contractor's license refused or revoked by any Municipality within the last two years of tis application? [] Yes [] No

If yes, please explain: _____

FEEs: \$95.00 If registered after February 1 each year-\$85.00 before February 1.
Workmen's Comp Fee \$15.00 per additional employee.

A Certificate of Liability showing all coverages and showing Lansdowne Borough as the Certificate Holder Must come directly from the insurance company. Registration will not be approved without that Certificate.

Signature of Applicant: _____ Date: _____

Workers' Compensation Insurance Coverage
Information

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes No

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employers Identification Number: _____

_____ Applicant is a
qualified self-insurer for workers' compensation. Certificate Attached

Name Workers Compensation Insurer _____

Workers Compensation Insurance Policy No. _____

Certificate Attached

Policy Expiration Date _____

C. Exemption

Complete Section C, if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.

Religious exemption under the Workers' Compensation Law.

D. Signature of Applicant: _____

Title: _____

Business name: _____

Address: _____

City: _____ State: _____