

Borough of Berwick
1800 North Market Street
Berwick, PA 18603
(570) 752-2723
(570) 752-2726 (Fax)

Fee Paid: _____
Date: _____
Insurance
Verified _____

APPLICATION FOR CONTRACTOR'S LICENSE RENEWAL

(In compliance with Ordinance No. 1113)

Date: _____

Business Name: _____

Owner's Name: _____

Business Address: _____
Street (No P.O. Box) City State Zip Code

Owner's Address: _____
Street (No P.O. Box) City State Zip Code

Business Telephone Number: _____

Owner's Telephone Number: _____

Type of License: General (\$100.00) _____ Sub-Contractors (\$50.00) _____

Years in Business: _____ Number of Workers Employed _____

Borough of Berwick Contractor's License Number: _____

Pennsylvania Contractor's License Number: _____

I understand that it is my responsibility to make sure a building permit is issued prior to the start of any work within the Borough of Berwick or my license may be revoked and the project shut down. I understand that it is my responsibility to abide by all ordinances of the Borough of Berwick. I have attached a copy of my current certificate of insurance listing the Borough of Berwick as a Certificate Holder and certify that my liability insurance and workman's compensation insurance will be maintained at all times I am working within the Borough of Berwick or my license shall be revoked. I have submitted the licensing fee.

Authorized Signature

Title

Date

WORKERS COMPENSATION INSURANCE EXEMPTION

Name of Company: _____

Federal or State Employer Identification No.: _____

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 reasons as indicated below.

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to any building permit issued unless contractor provides proof of workers' compensation insurance.
- Religious exemption under the Workers' Compensation Law.

Signature of Contractor: _____

Address: _____

Phone No.: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Republic

My Commission expires: _____

(SEAL)

CONTRACTOR'S LICENSE INFORMATION
As per Chapter 9-3D of
The Code of the Borough of Berwick

In addition, you shall provide the following:

- a) Current certificate of liability insurance listing the Borough of Berwick as a certificate holder.
- b) Current certificate of workers' compensation insurance listing the Borough of Berwick as a certificate holder.