

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

(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 _____

Pennsylvania License Number: _____

References: You must provide four. (jobs you have performed within a 25-mile radius of Berwick, licensed contractors you have worked for, previous employers, other communities you may be licensed in.)

	<u>Name</u>	<u>Complete Address</u>	<u>Telephone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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**

General Contractor Qualifications

Affidavit of a minimum of three years experience prior to the date of application or an affidavit of experience having performed services as a skilled mechanic, foreman, superintendent, or architect's or engineer's assistant for five years; and, except in the case of an applicant with prior experience as a general contractor, you shall submit *at least one* of the following:

- a) Two letters of certification from general contractors engaged in the contracting business within a radius of 25 miles of the Borough of Berwick, stating the applicant's employment, specific employment activities performed, and their recommendations as to the reliability and qualifications of the applicant.
- b) Two letters from architects or engineers for whom the applicant performed services, stating length of service, type and quality of work performed, and their recommendations relating to certification of the applicant.
- c) Two letters from a building official or licensing official of borough, township, or any other type of municipality where the applicant worked and which operated under a recognized building code, stating the nature and length of the applicant's employment therein, the type of services performed, the code they operated under, and their recommendations relating to the applicant's qualifications.

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.
- c) Any other experience, recommendations, or qualifications you believe will assist you in obtaining a license.