

# CHALFONT BOROUGH

40 North Main Street, Chalfont PA 18914

Phone (215) 822-7295 Fax (215) 822-5528

Registration No. \_\_\_\_\_

## CONTRACTOR / SUBCONTRACTOR REGISTRATION APPLICATION

All **New Home or Commercial Construction Contractors** are required to register with the Borough, provide a Certificate of Insurance and pay a fifty dollars (\$50.00) application fee.

All **other Contractors, including Home Improvement and Repair** must submit Proof of Certification with the Commonwealth of Pennsylvania and a Certificate of Insurance. Failure to provide this information will require a fifty dollar (\$50.00) application fee.

- **Proof of certification with the Commonwealth of Pennsylvania** indicating compliance with The Pennsylvania Home Improvement Consumer Protection Act 132.
- **Certificate of Insurance**, indicating compliance with PA Act 44 of 1993 regarding Workers' Compensation; Liability Insurance with Chalfont Borough identified as Certificate Holder and Additional Insured.

Do not send cash, please make checks payable to Chalfont Borough. Registration will expire December 31 of the year issued.

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

Pursuant to Chalfont Borough Ordinance No. 334, I / We hereby apply for Contractor/Subcontractor Registration:

### Company Information

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_  Individual Proprietorship  Partnership  Corporation

Pennsylvania Home Improvement Contractor Certificate No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

General Liability Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Workers' Compensation Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Professional Liability Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

### Owner, Partner, Director / Officer Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We, hereby certify that the statements contained herein are true and correct, to the best of my/our knowledge and belief. I/We understand that if I/we knowingly make a false statement herein, I/we am/are subject to such penalties as may be prescribed by law and/or Ordinance.

I/We authorize Chalfont Borough to obtain any information that may be required for the borough to verify statements contained within this application, all information shall remain the property of Chalfont Borough.

Applicant Signature: \_\_\_\_\_

Registration is for IDENTIFICATION and INSURANCE PURPOSES ONLY, and does not attest to the competency of the applicant.

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### *Department Use:*

Registration Number: \_\_\_\_\_ FEE ENCLOSED: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Borough Representative: \_\_\_\_\_