

Permit Number \_\_\_\_\_ Rec'd \_\_\_\_\_ Number of vehicles \_\_\_\_\_  
Certificate of Insurance Received Yes \_\_\_\_\_ No \_\_\_\_\_  
Workers Comp. Rec.d \_\_\_\_\_ Copy of State Registration \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Approval Date \_\_\_\_\_ Denial Date \_\_\_\_\_  
Approval Signature \_\_\_\_\_

**East Fallowfield Township Contractors Registration 2013 - 8 80.00**  
**Mail to: 2264 Strasburg Road, East Fallowfield, PA 19320**

Building Contractor \_\_\_\_\_ Plumber \_\_\_\_\_ Mechanical \_\_\_\_\_  
HVAC \_\_\_\_\_ Electrician \_\_\_\_\_ Roofer \_\_\_\_\_

Contractor Registration Fee Effective March 31, 2008, \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED, IF IT DOESN'T APPLY PUT N/A.**

1. Business Name \_\_\_\_\_ P) F)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Names of Owners, Partners, Directors and Officers (Notify the Twp. of any changes)  
Name \_\_\_\_\_  
\_\_\_\_\_

3. Type of Business \_\_\_\_\_

4. Number of Employees \_\_\_\_\_

5. Has any other municipality denied your company of any similar Contractor's  
registration or license in the last two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_ (Section 3.B.2.)  
If yes explain why? \_\_\_\_\_

6. List all convictions within two (2) years prior to the date of the application. (Section  
3.B.4) **If none put n/a** \_\_\_\_\_  
\_\_\_\_\_

7. List all unsatisfied civil judgments in any jurisdiction that involved lawsuits in which  
It was alleged that the applicant failed to complete or improperly perform a contract if  
any. (Section 3.B.5.) **If none put n/a.** \_\_\_\_\_

8. I hereby agree that the information in this application shall be available to the public  
for inspection and if I am granted a Contractor Registration, I agree to accept and be  
governed by all Ordinances, rules and regulations which are or may be adopted by the  
Board of Supervisors of East Fallowfield Township.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

9. I hereby swear that the above statements are true and that all work will be done as Described and will comply with all provisions of the Township of East Fallowfield Registration Ordinance 2008-03 (copy attached).

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**10. THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE APPLICATION.**

- A. Certificate of insurance as required under Section 9 of the Ordinance including Workers Compensation Coverage.