

LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue
Feasterville, PA 19053

Phone# 215-357-7300 Ext.311
Fax# 215-357-6036

APPLICATION FOR CONTRACTOR REGISTRATION

Liability Insurance Expiration Date _____

License # _____

Worker's Compensation Expiration Date _____

☐ GENERAL ☐ ELECTRICAL ☐ PLUMBER ☐ MECHANICAL
☐ SIGN ☐ PAVING, GRADING & WALLS ☒ FIRE PREVENTION

NAME OF BUSINESS _____
PLEASE PRINT

APPLICANT NAME _____
PLEASE PRINT

PHONE # _____ EXT. _____ FAX # _____

BUSINESS ADDRESS _____
PLEASE PRINT

CITY _____ STATE _____ ZIP CODE _____
PLEASE PRINT

MAILING ADDRESS _____
PLEASE PRINT

BACKGROUND INFORMATION

Has any municipality refused to issue to you or revoked any similar contractors' license within the past two (2) years?

☐ YES ☐ NO *If yes, attach written explanation of circumstances and reason for denial or revocation.*

Have you been convicted within the past two (2) years of any offenses related to your work or contracts as a contractor?

☐ YES ☐ NO *If yes, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.*

I HEREBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

APPLICANT SIGNATURE _____ APPLICANT TITLE _____
PLEASE PRINT

AUTHORIZED SIGNATURE

DATE \$70.00 CONTRACTOR REGISTRATION FEE PAID