



**BOROUGH OF POTTSTOWN**  
 100 E. High Street  
 Pottstown, PA 19464-9525  
 Phone 610-970-6520 Fax 610-970-6599

## BOROUGH LICENSE(S) / REGISTRATION APPLICATION

**(ICC Examination NOT required, if registered with the Borough previously as the same)**

**Please Check All You Are Applying For:**

**Year** \_\_\_\_\_

- |                     |           |                              |           |                          |           |
|---------------------|-----------|------------------------------|-----------|--------------------------|-----------|
| ___ Gen. Contractor | fee \$100 | ___ Electrician (Master)     | fee \$100 | ___ Plumber (Master)     | fee \$100 |
| ___ Alarm Installer | fee \$100 | ___ Electrician (Journeyman) | fee \$75  | ___ Plumber (Journeyman) | fee \$75  |
| ___ Garage          | fee \$100 | ___ Electrician (Apprentice) | fee \$50  | ___ Plumber (Apprentice) | fee \$50  |
| ___ HVAC            | fee \$100 | ___ General Business         | _____     | _____                    | fee \$100 |

**Total Amount Due \$** \_\_\_\_\_ **(Please make checks payable to "Borough of Pottstown")**

**ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE FOR EACH LICENSE YOU WANT MAILED TO YOU**

**\*CERTIFICATE OF INSURANCE, WORKERS' COMPENSATION & LIABILITY INSURANCE MUST BE SUBMITTED WITH APPLICATION (CONTRACTORS) – BOROUGH OF POTTSTOWN MUST BE CERTIFICATE HOLDER**

**\*Per Resolution passed on May 8, 2000: Any license(s) applied for after construction or activity has been initiated shall be twice the amount of the required fee.**

**Pursuant to Ordinance no. 2038 & 2039 I hereby apply for a license in Pottstown and I submit the following information:**

BUSINESS / APPLICANT INFORMATION					
Business Name: _____				Phone # _____	
Business Address: _____				Fax # _____	
Number & Street	City	State	Zip	Email: _____	
<b>TYPE OF BUSINESS</b> ( ) Individual Proprietorship      ( ) Partnership      ( ) Corporation					
Name on License: _____				Phone # _____	
Address: _____				Cell # _____	
	Number & Street	City	State	Zip	

1.	Were you or your company previously registered with the Borough? <b>YES / NO</b> License # _____ Year _____
2.	Do you have current registration/license with another municipality (or municipalities)? Municipality _____ Registration/License# _____ Municipality _____ Registration/License# _____
3.	Has your registration/license been revoked by any municipality within two years prior to the date of this application? ( ) Yes ( ) No If yes, attach explanation.
4.	Have you ever been convicted of any criminal offenses for work as a contractor within two year prior to the date of this application? ( ) Yes ( ) No If yes, attach explanation.
5.	Have you any outstanding civil judgments pertaining to your work? ( ) Yes ( ) No If yes, attach explanation.

**I hereby certify that the statements contained herein are 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.**

\_\_\_\_\_

\_\_\_\_\_

**License Holder Signature**  
**Date**

7/2/13