



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 Successful Result Paperwork REQUIRED)

Please Check All You Are Applying For:

Year _____

- | | | |
|-------------------------------------|---------------------------------------|------------------------------------|
| ___ Standard Master Elect. \$100 | ___ Stand. Jrnymn Plumber w/ gas \$75 | ___ Stand Jrnyman Mechanical \$75 |
| ___ Standard Journeyman Elect. \$75 | | ___ Standard Master Plumber \$100 |
| | | ___ Stand Res. Plumber \$100 |
| ___ Standard Res. Elect. \$100 | ___ Master Plumber w/ gas \$100 | ___ Stand Master Mech- A/C \$100 |
| ___ Standard Maint. Elect. \$100 | ___ Stand Jrnymn Plumber \$75 | ___ Stand Master Mech – Heat \$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 –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. 1733 I hereby apply for a license in Pottstown and I submit the following information:

B U S I N E S S / A P P L I C A N T I N F O R M A T I O N			
Business Name: _____	Phone # _____		
Business Address: _____	Fax # _____		
Number & Street City State Zip	Email: _____		
TYPE OF BUSINESS () 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? YES / NO License # _____ Year _____
2..	Has your registration/license been revoked by any municipality within two years prior to the date of this application?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.
3.	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.
4..	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

