



**BOROUGH OF POTTSTOWN - L&I**

100 E. High Street Pottstown, PA  
19464-9525

Phone 610-970-6520

LNIAdmin@pottstown.org

**BOROUGH CONTRACTOR REGISTRATION APPLICATION**

Certificate of Insurance, Workmans Compensation & Liability Insurance must be submitted with this application –  
Borough of Pottstown must be the certificate holder.

**Year** \_\_\_\_\_ **Only ONE registration request per application will be accepted.**

\$125 \_\_\_ Master Electrician - Name of Master Electrician\*\* \_\_\_\_\_

\$125 \_\_\_ Master Plumber - Name of Master Plumber \*\* \_\_\_\_\_

\$125 \_\_\_ Commercial Contractor (general, mechanical/HVAC, fire, tree service, etc) Please specify \_\_\_\_\_

\$125 \_\_\_ 3rd Party Electrical - attach a list of Master Electricians working within the Borough of Pottstown

\*Initial applications for Master Electrician and Plumber must be submitted with credentials.

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

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:

**BUSINESS/APPLICANT INFORMATION**

Type of Business: ( ) Individual Proprietorship ( ) Partnership ( ) Corporation

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Number & Street City State Zip

Email (print): \_\_\_\_\_

Doing Business As (if applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Number & Street City State Zip

1. Were you or your company previously registered with the Borough? **YES / NO** Registration # \_\_\_\_\_ 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 Has your registration/license been revoked by any municipality within two years prior to the date of this application?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 \_\_\_\_\_

Enclose a self-addressed stamped envelope for each license you want mailed to you.

OFFICE USE: Name on ID

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