

Nazareth, Pa. 18064

Phone: 610-759-6944

## **CONTRACTORS LICENSE APPLICATION**

	Date:	
Applicant Name:		
Applicant Address:		
Applicant Phone Number:		
Applicant Email:		
Company Name:		
Company Address:		
Company Phone Number:		
Company Email Address:		
Tax ID Number:	<u></u>	
Signature of Applicant:	Date:	

Plainfield Township shall be notified within 10 days after a change in control of ownership or management, change of address or trade name.

PLEASE MAKE ALL CHECKS PAYABLE TO PLAINFIELD TOWNSHIP. TO ISSUE A CONTRACTORS LICENSE, A CERTIFICATE OF INSURANCE FOR WORKMEN'S COMPENSATION, NAMING PLAINFIELD TOWNSHIP AS A CERTIFICATE HOLDER, IS REQUIRED WITH THE COMPLETED APPLICATION.