

CITY OF JOHNSTOWN  
DEPARTMENT OF CODES & PERMITS  
CITY HALL, 401 MAIN STREET ROOM 200  
JOHNSTOWN, PA 15901  
814-533-2017 FAX 814-539-5816

**APPLICATION FOR CONTRACTOR'S LICENSE**

(Make all checks payable to: City of Johnstown)

FEES: \$100.00 JANUARY 1<sup>ST</sup>, 2017 THRU DECEMBER 31<sup>ST</sup>, 2017

NOTE: DO NOT LEAVE BLANK SPACES-IF NONE OR N/A SO STATE

**(ALL SUBCONTRACTORS MUST HAVE THEIR OWN CONTRACTOR'S LICENSE)**

DATE: \_\_\_\_\_ LICENSE: \_\_\_\_\_

Pursuant to all City of Johnstown Codes I (we) hereby apply for a Contractor's License and submit the following statement:  
All work shall be in accordance with Commonwealth of Pa Act 45 and as per the Uniform Construction Code—2009 amended.

**BUSINESS INFORMATION**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Business: Individual Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

OWNER NAME:(IF A PARTNERSHIP, NAME ALL MEMBERS OF THE PARTNERSHIP, IF CORPORATION,  
NAME ALL OFFICERS:)

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
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Employer Identification Numbers (if applicable): \_\_\_\_\_

**IF NONE, STATE NONE IN EACH SECTION; BLANK SPACES WILL NOT BE ACCEPTED.**

**MANDATORY #**

Federal # \_\_\_\_\_ State # \_\_\_\_\_ **Berkheimer Tax Bureau #** \_\_\_\_\_

Public Liability Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Compensation Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate of Insurance (Agent): \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Photocopies not acceptable)

Type of Business: \_\_\_\_\_ Number of years in Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

1. Has the applicant(s) been denied Contractor's License by any City, Municipality, State or other governing body within the past two (2) years? \_\_\_\_\_ yes \_\_\_\_\_ no; if yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant(s) had a Contractor's License revoked by any City Municipality, State or other governing body within the past two (2) years? \_\_\_\_\_ yes \_\_\_\_\_ no; if yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**License Stickers 1 free with each license; additional stickers- (\$2.00 each)**

All licensed vehicles owned/used during the performance of contracted work must clearly display City of Johnstown Contractor License Stickers.

Non-compliance can result in the suspension/revocation of City of Johnstown Contractor's License.

Sticker(s) issued: \_\_\_\_\_ Mailed \_\_\_\_\_ Additional: \_\_\_\_\_

I affirm that the information provided herein is true and correct to the best of my knowledge. I also understand that I may be prosecuted to the fullest extent of law should I give any false information and there are criminal and civil penalties for falsifying statements. **I further understand that commencement of any/all work without first securing a Building Permit can result in the revocation of this Contractor License.** Any/all falsified information provided will result in the voiding of your Contractor's License. The applicant certifies he/she understands all the applicable codes, ordinance and regulations and is a legal owner, partner, officer or agent.

APPLICANT NAME (please print):\*\* \_\_\_\_\_

APPLICANT SIGNATURE: \*\* \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT MUST BE OWNER OR OFFICER IN COMPANY/ORGANIZATION OR LEGAL REPRESENTATIVE OF COMPANY/ORGANIZATION.**