

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 1ST, 2018 THRU DECEMBER 31ST, 2018

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.

State # _____ ***MANDATORY*** 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.