

**APPLICATION FOR CONTRACTORS LICENSE  
TO DO BUSINESS IN THE BOROUGH OF MOOSIC**

1. Must show proof of damage and public liability insurance amounting to \$100,000 per person and \$300,000 per occurrence and workmen’s compensation insurance, as required by the **Commonwealth of Pennsylvania**.

2. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant must provide proof of any technical school training in contracting work received by the applicants.

Applicant must provide proof of the amount of practical experience received in the work field.

\_\_\_\_\_/\_\_\_\_\_  
STATE AND FEDERAL EMPLOYER IDENTIFICATION

Failure of the Applicant to provide all the required information, and necessary proof, or providing false information to the Borough will result in the denial and/or revocation of license.

**JUDGEMENT STATEMENT**

I \_\_\_\_\_ of  
Name of Applicant

\_\_\_\_\_  
Address

Doing business as \_\_\_\_\_  
Trade Name

Swear that there are no outstanding Liens and /or Judgments against my  
company or me for faulty, unfinished or inadequate work before  
any court of competent jurisdiction.

I, BEING SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET  
FORTH IN THE FOREGOING STATEMENT ARE TRUE AND CORRECT TO THE BEST  
OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
(Signature of Applicant)

Commonwealth of Pennsylvania  
County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_.

S E A L

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name