

PART A		Applicant Name:			
Applicant / Business Information		Applicant Address:			
 Provide the contact 		Applicant Email:		Phone #:	
applicant, business and corporation (if applicable).		Business/Company Name (if different from applicant):			
		Business/Company Address:			
Provide license and tax account information.	Α	Business/Company Email:		Phone #:	
		Commercial Activity License #:	Philadelphia Busine	ess Income and Tax #:	
		Name all Pennsylvania corporations, including all limited liability corporations, in which the applicant has any equity interest, regardle of whether the applicant has a direct equity interest or applicant's equity interest is held through one or more tiers of a corporate structure, such as parent-subsidiary structure.			
		Name of Pennsylvania Corporation	Title	Home Address (include City, State, Zip Code)	
PART B		Verify the following information:			
Supplemental Information					
Insurance amounts:		 An active certificate of insurance with the mi 	nimum insurance amounts is provi	ded. 🗌 Yes	
 General Liability: \$500,000 per occurrence 		All City of Philadelphia taxes, charges and feedback	ees are current.	□ Yes	
 ○ Auto: \$300,000 		Complete the Safety Training Supervisor	r information responsible for o	construction projects	
 Workman's compensation: 	в	A supervisor can only be employed by one company and must have completed an approved OSHA 30 Construction Safety and Health, or an approved alternative training course taken within five years of the application date.			
\$100,000 per accident\$100,000 per employee		Supervisor Name:			
 \$500,000 policy limit 		Address:			
limit NOTE: The City of		Address:	P	hone #:	
limit		Address:	P		
limit NOTE: The City of Philadelphia must be		Address:	P	hone #:	
limit NOTE: The City of Philadelphia must be named as the certificate holder on an		Address: Email: *OSHA 30 Card #: *Must provide a copy of your OSHA walle • Contractors and subcontractors (including in	P t card with this application.	hone #:	
limit NOTE: The City of Philadelphia must be named as the certificate holder on an ACCORD form. PART C Limits and		Address: Email: *OSHA 30 Card #: *Must provide a copy of your OSHA walle	P I et card with this application. ndividuals and business entities) n partment.	hone #:	
limit NOTE: The City of Philadelphia must be named as the certificate holder on an ACCORD form.		Address: Email: *OSHA 30 Card #: *Must provide a copy of your OSHA walle • Contractors and subcontractors (including in under a permit must be submitted to the De	P et card with this application. ndividuals and business entities) n partment. nse or permit to another person.	hone #: Effective Date: nust have valid licenses. All subcontractors working	
limit NOTE: The City of Philadelphia must be named as the certificate holder on an ACCORD form. PART C Limits and		Address: Email: *OSHA 30 Card #: *Must provide a copy of your OSHA walle • Contractors and subcontractors (including in under a permit must be submitted to the De • Contractors cannot sell or transfer their lice	P et card with this application. ndividuals and business entities) n partment. nse or permit to another person. ion on any license or permit applic	hone #: Effective Date: nust have valid licenses. All subcontractors working	
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Application for Contractor License

Declaration and Signature

I, the applicant, will comply with all laws, rules, and regulations of the Commonwealth. 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 the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law or ordinance.

Date:

Applicant's Signature: _