

Number _____

PLAINFIELD TOWNSHIP
NORTHAMPTON COUNTY, PENNSYLVANIA
CONTRACTORS LICENSE APPLICATION

NAME _____

ADDRESS _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER OR TAX ID NUMBER _____

FEE \$25.00 DATE _____

LICENSE ISSUED FROM _____ TO _____

ISSUING AGENT _____

PLEASE COMPLETE THIS APPLICATION, AND RETURN IT ALONG WITH A CHECK IN THE AMOUNT OF \$25.00 PAYABLE TO PLAINFIELD TOWNSHIP.

PLAINFIELD TOWNSHIP
6292 SULLIVAN TRAIL
NAZARETH, PA. 18064

TO ISSUE THE CONTRACTOR'S LICENSE, WE REQUIRE A CERTIFICATE OF INSURANCE FOR WORKMEN'S COMPENSATION, NAMING PLAINFIELD TOWNSHIP AS A CERTIFICATE HOLDER, TO BE ISSUED ALONG WITH THE COMPLETED APPLICATION.

OUR FAX # IS 610-759-1999