

Date: _____
Insurance
Certificate
Attached? (Y)(N)
Fee Paid? (Y)(N)

TOWNSHIP OF ASTON
5021 Pennell Road – Suite 2
Aston, PA 19014
Phone: 610-494-0384 Fax: 610-494-8853

APPLICATION FOR CONTRACTORS FROM 1/1/2011-12/31/2011

Business Name: _____

Address: _____

Phone: _____

Owner Name & Email Address: _____

Please check the type of License(s) requested (\$100.00 each)

Air Cond. _____ Electric _____ Heating _____

Plumbers* _____ General Contractor _____

***Plumber Only: List name and address of each journeyman (\$25.00 each card)**

Return this application with a check made payable to Aston Township in the amount of \$100.00 per license.

To renew your license please provide an original certificate of insurance which includes: property damage, product liability, liability, completed operations and workmen compensation each of which must have a single occurrence limit with a minimum of \$500,000 coverage.

I hereby submit a certificate of insurance as described above, attached herewith and made part of this application.

I hereby certify that the statements contained herein and on any attachment submitted herewith are true and correct to the best of my knowledge and belief. I understand if I knowingly make any false statement, I am subject to such penalties as may be prescribed by law or ordinance. By using this license to perform work or acquire any permit in this jurisdiction, I certify that I am acting as agent for the owner of the property for whom such work is to be conducted and have the authority to act in such capacity by the owner of the property. I hereby authorize you to obtain any information that you require concerning the statements in this application, which shall remain the property of the Township of Aston.

APPLICANT _____