

TOWNSHIP OF HAVERFORD  
DEPARTMENT OF CODES ENFORCEMENT  
1014 DARBY RD  
HAVERTOWN, PA 19083  
(610) 446-1000 Ext. 2252  
[lisa@havtwp.com](mailto:lisa@havtwp.com)

## General Contractor License Application

Date: \_\_\_\_\_

Fee: \$75.00

### BUSINESS INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Fed ID # \_\_\_\_\_ State HIC # \_\_\_\_\_ Expires \_\_\_\_\_

### APPLICANT INFORMATION

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

WE AUTHORIZE YOU TO OBTAIN ANY INFORMATION THAT YOU REQUIRE CONCERNING STATEMENT IN THE APPLICATION, WHICH SHALL REMAIN THE PROPERTY OF HAVERFORD TOWNSHIP.

Signature of Applicant \_\_\_\_\_ Print \_\_\_\_\_