

**WEST PIKELAND TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

1645 Art School Road
Chester Springs, PA 19425
Phone: 610-827-7660 Fax: (610)827-9141

CONTRACTOR REGISTRATION APPLICATION 2008

All requested information must be completed or the application will be returned

New **Renewal – Registration #** _____

If this is a renewal, fill out name information only and attach current Insurance Certificates.

As required, I hereby register to conduct business in West Pikeland Township.

Name/Company _____ Trade _____

Address: _____

Phone Number: _____ Fax Number: _____

Self Employed: () Yes () No Employed by _____

Address: _____

List other municipalities where registered and attach copies of the registration.

_____, _____, _____

List two (2) local references (1 bank, 1 business)

Name: _____ Address: _____

Name: _____ Address: _____

ATTACHED TO THIS APPLICATION ARE:

1. On a separate sheet of paper, please list names of all employees who will be working in West Pikeland Township with their job classification (labor, apprentice, journeyman, master, etc.)
2. Certificate of insurance for Public Liability, Property Damage, Product Liability, Completed Operations and Workers Compensation.

Upon registration, I agree to accept and be governed by all applicable Ordinances, rules, regulations and permit requirements which are or may be adopted by the West Pikeland Township Board of Supervisors.

Signature of Responsible Party: _____

Date: _____

Remainder of the form to be completed by the township

Registration Fee - \$75.00

Date Fee Paid: _____

Registration Number: _____

Application Approved this _____ day of _____, 200__

Signature of Approving Official: _____
(Township Secretary/Township Manager)

Date Approved: _____, 200__

ANY REGISTRATION ISSUED AFTER OCTOBER 31ST SHALL BE IN EFFECT UNTIL DECEMBER 31ST OF THE FOLLOWING YEAR.