

LOWER MT. BETHEL TOWNSHIP License# _____

P.O. Box 257

State License # _____

Martins Creek, PA 18063

TELEPHONE: 610-252-5074

FAX: 610-253-8971

Email: zoning@lowermtbethel.org

Contractor's Licensing Application for 2023

Directions: Please complete all of the following sections below. All sections must be complete with the required information. If the required information is not provided, the application will not be processed. The fee for this license is \$50.00 dollars. Please note that this license expires on December 31, 2023.

You must be a listed as the sole proprietor, partner or officer of the business to sign this application. You must include your State License number.

1. Classification of Your Business or Service - please check one only

- Corporation
- Partnership
- Proprietorship
- Division/ Subsidiary of a Parent Company

Name of Parent Company, if applicable _____

2. Name of Business Corporation or Legal Trade Name _____

Address _____

Daytime phone number _____ Evening phone number _____ Fax number _____

3. Name of all owners, partners, directors and officers of the business or corporation:

Name	Title	Address	Phone

4. Name of Liability Insurance Company _____

Amount of Insurance carried: (minimum is \$25,000 person/accident): _____

Please attach a copy(s) of your proof of insurability statements from your insurance company to this license application.

5. Name of Workman's Compensation Insurance Company _____

Please note that if you are a sole proprietorship, then a workman's compensation exemption form that is notarized must be attached to this license application. Amount of Insurance carried: (minimum is \$25,000 person/accident): _____

Please read the license conditions and sign the reverse side of this license application.

6. The standards of issuance or continuance of this license, grounds for refusal, revocation or suspension of this license and all prohibited acts are as follows:

a. No license shall be issued or continued where the person or management personnel are untrustworthy or not of good character and the township has proof of the same and the business transactions of the person have been marked by a practice of failure to perform contracts or manipulation of assets or by fraud or bad faith.

b. A violation of any provision of this Lower Mt. Bethel Township Ordinance 2009-04, by any director, manager, officer, salesman, partner, agent or employee of a licensed contractor performing or attempting to perform any act prohibited by this ordinance, any violation of the Lower Mt. Bethel Township regulations or any conditions of a permit shall be cause for suspension or revocation of this license.

c. Abandonment or willful failure to perform, without justification, any contract or project engaged in or undertaken by a contractor or willful deviation from or disregard of plans or specifications in any material respect without obtaining the consent of the owner in writing and without providing the township officials with notification of such changes is prohibited. Making any substantial misrepresentation on the procurement of a contract or making any false promise of a character likely to influence, persuade or induce the execution of a contract is prohibited. Any fraud in the execution of or in the material alteration of any contract, mortgage, promissory note or other document incident to a contractual transaction is prohibited.

d. Directly or indirectly publishing any advertisement relating to work or services which contains an assertion, representation or statement of fact which is false, deceptive or misleading, provided that any advertisement which is subject to and fails to comply with the existing rules, regulations or guides of the Federal Trade Commission shall be deemed false deceptive or misleading under the terms of this ordinance or by any means advertising or purporting to offer the general public any work or service with the intent not to accept contracts for the particular work or at the price which is advertised or offered to the public is prohibited.

e. Willful or deliberate disregard and violation of any and all Building codes as adopted by Lower Mt. Bethel Township, Pennsylvania Workman’s Compensation Insurance Laws, Pennsylvania Labor and Industry or Federal OSHA is prohibited. Doing business with or through any person who is subject to the licensing requirements of this ordinance with the knowledge that such person is not licensed as required is prohibited.

f. Willful failure to notify Lower Mt. Bethel Township of any change in control of the ownership, management, business name or location of said businesses is prohibited. Conducting a business in any name other than the one in which the contractor is licensed and failure to comply with any order, rule, requirement made by the Board of Supervisors of the Township under or within the authority of this ordinance is prohibited.

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Indemnification Agreement And Release Of Authority To Verify

As the Applicant and Licensee, I hereby agree to indemnify and hold harmless in all respects Lower Mt. Bethel Township, it’s officials, agents and or employees from any and all causes of action, liability and or damages howsoever arising. I also agree the issuance of a license by Lower Mt. Bethel Township shall not be construed as a statement and or certification by the Township that the Licensee is qualified for any duties whatsoever. Furthermore, I have read and completely understand the standards of issuance or continuance of this license, grounds for refusal revocation or suspension of this license and all prohibited acts as contained within this application and I understand that any false statement or misrepresentation of fact contained within this application is a criminal offense and subject to severe penalties of the PA Criminal Codes. I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information and belief.

DATE _____ SIGNATURE OF APPLICANT _____

DATE _____ PRINT NAME OF APPLICANT _____

TITLE OR POSITION HELD _____

OFFICE USE ONLY

DATE LICENSE APPLICATION RECEIVED _____	DATE ISSUED _____	CHECK _____	RECEIPT# _____
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