

KULPMONT BOROUGH
860 Spruce Street
Kulpmont, PA
570-373-1555
kulpcode@ptd.net

Contractor License Application

Name of Business _____

Address of Business _____

City, State Zip _____

Telephone Number(s) _____

Name of Owner _____

Address of Owner _____

City, State Zip _____

Telephone Number(s) _____

PA Contractors Registration # _____ Expiration _____

Liability Insurance Carrier _____ Coverage Amount _____

Name of Insurance Agent _____ Worker Comp (y/n) _____

Address of Insurance Agent _____

City, State Zip _____

Telephone Number _____

Type of Work Performed _____

To the best of my knowledge all above statements are true.

Signature of Contractor

Date