

**Township of Bristol
Department of License & Inspection**

2501 Bath Road, Bristol, PA 19007

Phone (215) 785-3680

Fax (215) 788-8541

CONTRACTOR'S
REGISTRATION # _____

RECEIPT # _____

APPLICATION FOR CONTRACTOR'S REGISTRATION

(Please print or type all information or the application will not be accepted)

Pursuant to Bristol Township Ordinance 1110, I hereby apply for a registration and I submit the following statement of my experience and qualifications.

CONTRACTOR/BUSINESS INFORMATION

CONTRACTOR/BUSINESS NAME _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ MOBILE _____

FAX NUMBER _____

TYPE OF BUSINESS _____

FEDERAL TAX # _____ MASTER PLUMBING LC # _____

OFFICE USE ONLY

CHECK# _____ CASH _____ CREDIT VISA/MC INITIALS _____

IMPORTANT: REQUIRED FEE MUST ACCOMPANY EACH APPLICATION (\$ 125.00). DO NOT SEND CASH, MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO "BRISTOL TOWNSHIP".

A CERTIFICATION OF INSURANCE FOR GENERAL LIABILITY AND WORKERS' COMPENSATION, LISTING BRISTOL TOWNSHIP, 2501 BATH ROAD, BRISTOL, PA 19007 AS THE CERTIFICATE HOLDER, MUST ACCOMPANY THIS APPLICATION.

INSURANCE CERTIFICATE SUBMITTED YES _____ NO _____

EXPIRATION DATE _____

CONTRACTOR'S REGISTRATION VALID FOR CALENDAR YEAR (JANUARY - DECEMBER)

DATE PAID _____

CARD ISSUED _____

I hereby acknowledge that I have read this application and that the information given is correct, and I am the owner, or duly authorized to act in the owner's behalf and hereby agree to comply with the applicable Township Codes.

DATE

SIGNATURE

PRINT NAME

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
{ } YES { } NO

If answer is "YES" complete Section B

If answer is "NO" complete Section B, Name of Applicant & Federal/State ID # and Section C below as appropriate

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation { } Certification attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

{ } Certification attached Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Compensation Law for one of the following reasons as indicated.

{ } Contractor with no employees, Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

{ } Religious exemption under the Workers' Compensation Law

Signature of Applicant _____

Address _____

County of _____

Municipality of _____

MUNICIPAL AND SCHOOL INCOME TAX REGISTRATION

➔ IF BUSINESS IS INCORPORATED, COMPLETE BOTH SIDES OF THIS FORM. ➔

To Be Answered
Within 10 Days
And Returned In
The Enclosed
Envelope



earned income tax administrator
50 North Seventh Street
Bangor, PA 18013

For Tax Office
Use Only
Account Code No.

To comply with Act 511 of The Pennsylvania State Legislature (and the law in your local taxing district), you are required to answer the following questions. All information will be held in strict confidence.

(Please Print or Type)

TO BE ANSWERED BY BUSINESS OWNERS AND/OR EMPLOYERS:

1. Name(s) of the Owner(s) _____

If business is NOT INCORPORATED,

Give home address of Owner(s): _____

2. Trade Name _____

(If different from above)

3. Federal Employer I.D. No. _____

4. Business Telephone No. _____ / _____

5. Correct Taxing Jurisdiction:

(Name of Township or Borough where business is located)

6. Mailing Address where all forms are to be sent _____

7. Check Type of Organization: PROPRIETORSHIP PARTNERSHIP CORPORATION

OTHER (Explain): _____

8. Kind of Business _____ Date Business Started: _____

(Month and Year)

9. Number of Employees _____ (Include both Full and Part-time)

I hereby certify that all information and statements herein are true and correct.

Date _____

(Signature)

SPECIAL NOTICE

All businesses should notify the EARNED INCOME TAX OFFICE of any changes in address, ownership, etc., promptly, so that all records may be adjusted. If business is discontinued, please advise us within thirty days stating if same has been liquidated or sold. If sold, give name and address of new owner.