

Official Offices of the  
**Borough of Upland**  
Settled in 1683

224 Castle Avenue  
Upland, Pennsylvania 19015

Telephone: (610) 874-7317  
Fax: (610) 874-7045

## **APPLICATION FOR CONTRACTOR'S LICENSE**

BUILDING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ PLUMBING/MECHANICAL \_\_\_\_\_  
(Plumbers ONLY - DCMPC # \_\_\_\_\_)

*Pursuant to UCC Codes, I/we hereby apply for a Contractor's License in the Borough of Upland and I/we submit the following statement.*

FIRM/INDIVIDUAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMPLOYER'S ID#: \_\_\_\_\_

LIABILITY INSURANCE CO. NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

WORKERS' COMPENSATION INSURANCE CO. NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

*(If NO Workers' Comp Insurance, please complete form titled "WORKERS' COMPENSATION AFFIDAVIT")*

TYPE OF BUSINESS: **(CIRCLE one please)**    Individual    Partnership    Corporation

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### **APPLICANT INFORMATION**

NAME: \_\_\_\_\_ Business Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

***I hereby certify that the statements contained herein, are true and correct to the best of my knowledge. I understand that if I knowingly make any false statement(s) herein, I am subject to such penalties as may be prescribed by law and ordinance.***

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_