



BETHEL TOWNSHIP

DELAWARE COUNTY

1092 BETHEL ROAD

GARNET VALLEY, PA 19061

Phone: (610) 459-1529

Fax: (610) 459-2921

Email: betheltwp@comcast.net

www.twp.bethel.pa.us

JACQUI GUENTHER,
Secretary-Treasurer

APPLICATION FOR CONTRACTOR'S REGISTRATION

Pursuant to Ordinance #164 entitled "*Contractor's License*", I hereby apply for a Contractor's Registration in the Township of Bethel and submit the following statement:

BUSINESS INFORMATION:

1. Firm Name: _____
PRINT ONLY
Owner's Name: _____
2. Address: _____
3. City: _____
4. Type of Business: Corporation Partnership Individual Partnership
5. General Liability Insurance Carrier: _____
6. Policy No.: _____ Amount \$ _____
7. Workman's Compensation Insurance: _____
OR FILL OUT WORKMAN'S COMPENSATION AFFIDAVIT ATTACHED
8. Policy No.: _____ Amount \$ _____
9. Certificate Insurance Agent: _____
Phone: _____
10. Contact Person of Business: _____
OWNER OF BUSINESS
Phone: _____
11. Number of Years in Business: _____
12. Plumber's D.C.M.P.C. License No.: _____
COPY OF I.D. ENCLOSED

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

Applicant's Signature: _____ **Date:** _____

\$100.00 Check made payable to Bethel Township is due at the time of application.

Registration is valid from January 1st to December 31st.



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WORKMAN'S COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeing a building permit.

After receipt of the building permit, if I employ any other persons, I must notify the Department of Inspections and provide proof of Workman's Compensation coverage within three (3) working days.

I understand that failure to comply will result in a Stop Work order and that such order may not be lifted until proper coverage is obtained, as provided by §302 (e)(4) of the Act of June 2, 1915 (P.L.736), known as The Pennsylvania Workman's Compensation Act, re-enacted and amended June 21, 1992 (P.L.)

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____, 20____

Notary Public

Name: _____
Address: _____
Phone: _____