



Building Department

312 Broad Ave

Leonia, NJ 07605

Permit Number: _____

Fee: \$50

CONTRACTOR REGISTRATION FORM

Complete all questions. Must be notarized prior to acceptance. Must submit the COI.

APPLICATION FOR CONTRACTOR REGISTRATION – CLASSIFICATION (Check One)

- a. General Contractor
- b. Roofing/Siding Contractor
- c. Moving Contractor
- d. Sign Contractor
- e. Contractor
- f. Demolition
- g. Swimming Pool
- h. Miscellaneous

Federal ID #: _____ Phone #: _____ Date: _____

APPLICANT NAME: _____ EMAIL: _____

APPLICANT IS TRADING AS: Individual Partnership Corporation

INDIVIDUAL ADDRESS: _____

PARTNERSHIP INFORMATION:

- a. Name & Address of Partnership: _____
- b. Name & Address of Individual Partners: _____

CORPORATION INFORMATION:

- a. Corporation Name: _____
- b. Date of Incorporation: _____
- c. Business Address: _____
- d. Name & Address of Principal Officer: _____

Length of time Applicant has been in business: _____

Does Applicant carry public liability insurance? _____

- a. Workmen's Compensation _____
- b. Amount of Coverage: _____
- c. Name & Address of Insurance Company: _____

What other cities or Boroughs requiring licenses is the Applicant licensed? _____

I (We) hereby certify that I (We) have read this Application thoroughly and agree to conform to the provisions of all local and State regulations concerning building construction.

Sworn to and subscribed before me:

Date: _____ Signature of Applicant: _____

Notary Public: _____