

City Hall
4th Floor
340 North Washington Avenue
Scranton, Pennsylvania 18503
Tel: (570) 348-4193
Fax: (570) 348-4171

Department of
Licensing, Inspections and Permits



SCRANTON

Application for a Contractor's License for the City of Scranton

(Please print all information requested below)

DATE: _____ TYPE OF LICENSE & CATALOG #: _____

NAME OF APPLICANT: _____

NAME OF APPLICANT FIRM / COMPANY: _____

ADDRESS OF FIRM OR COMPANY: _____

WORK PHONE #: _____ FAX #: _____

TYPE OF BUSINESS ORGANIZATION:

INDIVIDUAL PARTNERSHIP CORPORATION

FEDERAL I.D. NUMBER: _____

APPLICANT'S POSITION WITH FIRM: _____

APPLICANT'S HOME ADDRESS: _____

APPLICANT'S PHONE #: _____

NUMBER OF YEARS FIRM / COMPANY HAS BEEN CONTRACTING BUSINESS: _____

PRINCIPAL TYPES OF CONSTRUCTION PERFORMED: _____

APPLICANT'S (INDIVIDUAL) PRACTICAL TRAINING (ATTACH REFERENCES): _____

APPLICANT'S (INDIVIDUAL) TECHNICAL TRAINING (ATTACH REFERENCES): _____

APPLICANT'S (INDIVIDUAL) PREVIOUS EXPERIENCE IN THE CONTRACTING BUSINESS:

LIST THREE LOCAL CONTRACTORS AS REFERENCES (NAME, ADDRESS & PHONE #):

1. _____
2. _____
3. _____

The foregoing information given is true and correct to the best of the my knowledge. I understand that any falsification on this application would result in my being denied a License for any Contracting in or for the City of Scranton.

SIGNATURE OF APPLICANT

DATE

Telephone # : _____ Social Security # _____

County of _____ State of _____

I, _____ Being duly sworn, depose and say that he / she is
_____ of _____

and the answers to the forgoing questions and all statements therewith are true and correct.

Sworn to before me this _____ day of _____ 2005.

February 2004
