



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

**REQUIREMENTS FOR ONETIME CONTRACTOR'S LICENSE FOR
THE CITY OF SCRANTON**

- FILL OUT CONTRACTORS LICENSE APPLICATION IN FULL AND HAVE IT NOTARIZED **please do not sign the application until you are in front of the notary, does not have to be a PA notary*
- COPY OF THE APPLICANT'S PHOTO ID OR DRIVERS LICENSE
- APPLICANT'S RESUME **Experience in Said Field*
- GENERAL LIABILITY INSURANCE (\$500,000.00 –PER PERSON \$1,000,000.00- PER OCCURANCE)
**can be in the company's name*
- SINGLE TAX OFFICE REGISTRATION NUMBER **Please contact 570-963-6756*
- VALID CONTRACTOR'S LICENSE ISSUED BY ANOTHER MUNICIPALITY OR TOWNSHIP EQUIVALENT TO CITY OF SCRANTON
- 3 LETTERS OF RECOMMENATION-**could be from a former employer or client showing proof of experience*
- ADDRESS/ JOB THAT YOU WILL BE APPLY A PERMIT FOR
- LICENSE FEE: \$400.00**License valid for one job only, license expires once permit is closed out.*



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ONETIME CONTRACTOR LICENSE APPLICATION

(Application needs to be notarized)

Date: _____

TYPE OF ONETIME LICENSE: *(Please circle one)* GENERAL ELECTRICAL MECHANICAL
FIRE PROTECTION PLUMBING SIGN HANGER OTHER(PLEASE LIST): _____

NAME OF APPLICANT (**not company name*) _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

EMAIL ADDRESS OF APPLICANT: _____

NAME OF BUSINESS/COMPANY: _____

ADDRESS OF BUSINESS/COMPANY: _____

BUSINESS PHONE NUMBER: _____ FAX: _____

TYPE OF BUSINESS ORGANIZATION (please circle)

Sole Proprietor Partnership Corporation Limited Liability Company (LLC) N/A

FEDERAL ID NUMBER: _____ SINGLE TAX OFFICE: _____

NUMBER OF YEARS INDIVIDUAL HAS BEEN IN CONTRACTING BUSINESS _____

PRINCIPAL TYPE OF WORK PERFORMED: _____

APPLICANT'S PRACTICAL/TECHNICAL TRAINING EXPERIENCE IN FIELD

(Attach references if needed): _____

IS APPLICANT INSURED? YES NO

ADDRESS OF JOB YOUR APPLYING FOR: _____

By applying for a Onetime License, you understand that this license is allowing you to perform work at one jobsite and one jobsite only and that the license expires once the permit is closed out and the job is complete.

Applicant must provide required documents listed on first page for license.



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I, _____ swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I understand that any falsification on this application may result in my license application being denied. I also realize that I will be subject to penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Applicant

Date

County of _____ State of _____

I, _____, being duly sworn, depose and say that he/she is _____ of _____ and all answers to the foregoing questions and all statements therewith are true and correct.

Sworn to before me this _____ day of _____, 20____

OFFICIAL USE ONLY

APPROVED FOR ONETIME CONTRACTOR LICENSE:

YES

NO

Signature of Director/BCO City of Scranton

Date

COMMENTS:
