



BOROUGH OF WIND GAP

545 EAST WEST STREET, WIND GAP, PA 18091

P.610.863.7288—F.610.863.1011

E-mail: windgapboro@yahoo.com

Web: www.windgap-pa.gov

Re: All Contractors

Please be advised that under the provisions of the Borough of Wind Gap Ordinance #398, dated April 7, 1997, all contractors working within the Borough of Wind Gap must obtain a valid contractor's license from the Borough.

If you plan to work in the Borough of Wind Gap, please complete the application on the back of this letter and return it with the required \$25.00 fee to the Borough at the address above. The insurance requirements must be met and the application properly executed before a license will be issued.

Please note that all licenses are good for the year in which they are issued. Performing work in the borough of Wind Gap without a valid license will subject you to a fine in accordance with the Borough Ordinance # 398.

Sincerely,

James Shoemaker

Mayor

OFFICE OF THE MAYOR—BOROUGH OF WIND GAP

545 East West Street, Wind Gap, PA 18091

Phone: 610-863-7299 – Fax: 610-863-1011

E-mail: windgapboro@yahoo.com

CONTRACTOR'S APPLICATION

NAME _____ PHONE # _____ FAX # _____

ADDRESS _____ DATE OF BIRTH _____

Check One: Single Proprietorship _____ Partnership _____ Corporation _____

NAMES, ADDRESSES & PHONE NUMBERS OF OWNER, PARTNERS or CORPORATE OFFICERS:

1. _____

2. _____

3. _____

CONTRACTOR CLASSIFICATION or TRADE _____

TYPE OF WORK OR SERVICES OFFERED _____

INSURANCE REQUIREMENTS: A CERTIFICATE OF INSURANCE EVIDENCING COMPREHENSIVE GENERAL LIABILITY COVERAGE, COMMERCIAL AUTOMOBILE COVERAGE, AND PA STATUTORY WORKERS COMPENSATION COVERAGE, SHOWING THE BOROUGH OF WIND GAP AS THE CERTIFICATE HOLDER.

IF YOU ARE NOT REQUIRED TO SECURE COVERAGE UNDER THE PA WORKERS COMPENSATION STATUTE, PLEASE EXPLAIN:

CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY FALSE STATEMENT VOIDS THIS APPLICATION AND COULD RESULT IN SUSPENSION OF WORK.

I / CONTRACTOR, ALSO HOLD HARMLESS THE BOROUGH OF WIND GAP, ITS OFFICIALS, AGENTS AND EMPLOYEES FOR ANY PERSONAL INJURY OR PROPERTY DAMAGES RESULTING FROM THE PERFORMANCE OF ANY WORK BY ME / THE CONTRACTOR, AND ANY SUBCONTRACTORS, AGENTS AND EMPLOYEES.

(Signature of Owner, Partner or Corporate Officer & Title)

FEE \$25.00 PAID: CASH _____ CHECK # _____ DATE _____

APPROVED BY MAYOR

NOTE: License is not mailed until Insurance is confirmed and approved by Mayor. Work may not be conducted in Borough until License is issued