



Bethel Township

Code Enforcement Office

1092 Bethel Road

Garnet Valley, PA 19060

610.459.1529 Phone

www.twp.bethel.pa.us

610.459.2921 Fax

APPLICATION FOR CONTRACTORS' REGISTRATION

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

Firm Name: _____

Owners Name(s): _____

Address: _____ City: _____ State & Zip: _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Individual Proprietorship ☐ LLC

Number of Years in Business: _____ E-mail: _____

Contact Person of Business: _____

Phone Number: _____ PA Reg. #: _____

General Liability Insurance Carrier: _____

Current Insurance Certificate must be attached

Policy #: _____ Amount \$: _____

Workers Comp. Insurance Carrier: _____

Policy #: _____ Amount \$: _____

Insurance Agent: _____ Address: _____

Phone Number: _____

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

Applicant Signature: _____ Date: _____

\$100.00 check made payable to Bethel Township is due at time of application. Registration is valid for one year.



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WORKERS COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking 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 Workers Compensation coverage within three (3) working days.

I understand that failure to comply will result in a Stop Work Order and that such an order may not be lifted until proper coverage is obtained, as provided by Section 302 (e) (4) of the Act of June 2, 1915, (P.L. 736), known as The Pennsylvania Workers Compensation Act, re-enacted and emended June 21, 1993 (P.L.).

Subscribed and sworn to before me this _____ day of _____, 20____.

Firm Name/Address/Phone Number:

Signature of Applicant

Notary Name/Address/Phone Number:

Signature of Notary Public

My Commission Expires