

**Township of Bristol  
Department of License & Inspection**

2501 Bath Road, Bristol, PA 19007

Phone (215) 785-3680

Fax (215) 788-8541

CONTRACTOR'S  
REGISTRATION # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

**APPLICATION FOR CONTRACTOR'S REGISTRATION**

(Please print or type all information or the application will not be accepted)

Pursuant to Bristol Township Ordinance 1110, I hereby apply for a registration and I submit the following statement of my experience and qualifications.

**CONTRACTOR/BUSINESS INFORMATION**

CONTRACTOR/BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ MOBILE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

FEDERAL TAX # \_\_\_\_\_ MASTER PLUMBING LC # \_\_\_\_\_

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**OFFICE USE ONLY**

CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT VISA/MC INITIALS \_\_\_\_\_

IMPORTANT: REQUIRED FEE MUST ACCOMPANY EACH APPLICATION (\$ 125.00). DO NOT SEND CASH, MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO "BRISTOL TOWNSHIP".

**A CERTIFICATION OF INSURANCE FOR GENERAL LIABILITY AND WORKERS' COMPENSATION, LISTING BRISTOL TOWNSHIP, 2501 BATH ROAD, BRISTOL, PA 19007 AS THE CERTIFICATE HOLDER, MUST ACCOMPANY THIS APPLICATION.**

INSURANCE CERTIFICATE SUBMITTED YES \_\_\_\_\_ NO \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CONTRACTOR'S REGISTRATION VALID FOR CALENDAR YEAR (JANUARY - DECEMBER)

DATE PAID \_\_\_\_\_

CARD ISSUED \_\_\_\_\_

**I hereby acknowledge that I have read this application and that the information given is correct, and I am the owner, or duly authorized to act in the owner's behalf and hereby agree to comply with the applicable Township Codes.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**Workers' Compensation Insurance Coverage Information**  
(attach to building permit application)

**A. The Applicant Is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law  
{ } YES { } NO

If answer is "YES" complete Section B

If answer is "NO" complete Section B, Name of Applicant & Federal/State ID # and Section C below as appropriate

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**B. Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation { } Certification attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy Number \_\_\_\_\_

{ } Certification attached Policy Expiration Date \_\_\_\_\_

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**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Compensation Law for one of the following reasons as indicated.

{ } Contractor with no employees, Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

{ } Religious exemption under the Workers' Compensation Law

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

# EMPLOYER EARNED INCOME TAX REGISTRATION FORM



**KEYSTONE**  
collections group<sup>SM</sup>

546 WENDEL ROAD  
IRWIN, PA 15642  
(724) 978-0300

(PLEASE PRINT OR TYPE)

TO BE ANSWERED BY BUSINESS OWNERS AND/OR EMPLOYERS:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Federal EIN #: \_\_\_\_\_
3. Employment Location: \_\_\_\_\_
4. Business Telephone Number: \_\_\_\_\_
5. Correct Taxing Jurisdiction: (Name of Township or Borough where business is located)  
\_\_\_\_\_
6. Mailing Address where all forms are to be sent \_\_\_\_\_  
\_\_\_\_\_
7. Number of Employees \_\_\_\_\_ (Included both Full and Part-Time)

I hereby certify that all information and statement are true and correct.

Date \_\_\_\_\_ (Signature)

### SPECIAL NOTICE

All businesses should notify the EARNED INCOME TAX OFFICE of any changes in address, ownership, etc., promptly, so that all records may be adjusted. If business is discontinued, please advise us within thirty days stating if same has been liquidated or sold. If sold, give name and address of new owner.