

Township of Bristol
Department of Building, Planning & Development

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 # _____

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

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 _____

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 groupSM

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.