

BOROUGH OF ORADELL
355 KINDERKAMACK ROAD
ORADELL, NJ 07649 201-261-8005
FAX # 201-261-4142

REGISTRATION NO. _____

FEE: \$75.00 (Exact Amount)

PLEASE TYPE OR PRINT. ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

Date: _____

Business Tele. No. _____

1. Classification

General Contractor _____

Sub-contractor _____

Roofing/Siding _____

Sign Contractor _____

Demolition _____

Sprinkler Contractor _____

2. Applicant's Name _____

3. Is applicant trading as an Individual, Partnership, Corporation or Other? (Circle One)

4. Individual:

Name: _____

Business Address _____

Town _____ State _____ Zip _____

Business Telephone: _____ Home Telephone _____

Are the above telephone numbers listed? Yes _____ No _____

5. Partnership

Name of Partnership _____

Address of Partnership _____

Telephone Number _____ Listed? _____ Unlisted? _____

Names & Address of all Partners:

_____ Tele. _____

_____ Tele. _____

_____ Tele. _____

6. Corporation

Corporate Name _____ Tele. _____

Address of Corporation _____

Date of Incorporation _____

Name of Registered Agent _____

Name & Address of all persons owning 10% or more of corporation stock?

7. **Length of time applicant has been in business** _____
8. **Does applicant carry Public Liability Insurance?** Yes _____ No _____
Amount of coverage? _____
Policy Number _____ Expiration Date: _____
Name and address of insurance company _____

9. **Does applicant carry compensation insurance as required by law?** Yes _____ No _____
Policy Number _____ Expiration Date: _____
Name and address of insurance company _____

10. **Social Security number of applicant** _____
Federal Employment number of applicant _____
New Jersey Employment number of applicant _____
11. **Is applicant registered or licensed to work in other cities or municipalities within the State of New Jersey?** If so, name a few. _____

12. **Has applicant's registration or license to work in any city or municipality in the State of New Jersey been revoked?** Yes _____ No _____
If so, list the cities or municipalities. _____

PLEASE PROVIDE A CERTIFICATE OF INSURANCE WITH THE BOROUGH OF ORADELL AS CERTIFICATE HOLDER - FAX NO. 201-261-4142

I (we) certify that I (we) have read this application thoroughly and certify that all statements made by me (us) are true to the best of my (our) knowledge and belief.

signature & title

signature & title

Sworn to and subscribed before me this
_____ day of _____ 200

Notary Public