

**INSTRUCTIONS FOR COMPLETION OF THE  
WYALUSING BOROUGH  
CONTRACTOR'S LICENSE APPLICATION**

**NEW CONTRACTOR PERMIT:**

- 1. COMPLETE AN APPLICATION AND WORKERS COMPENSATION AFFIDAVIT. (Please be sure the application and affidavit are complete) PLEASE NOTE: Incomplete applications will be returned to the applicant WITHOUT ACTION.**
- 2. Make check or money order payable to: WYALUSING BOROUGH in the amount of \$50.00. (This is a non-refundable fee)**
- 3. Have your insurance company issue a CERTIFICATION OF INSURANCE to the Wyalusing Borough. This certificate of insurance shall contain a provision that coverage afforded under the policy will not be cancelled until at least fifteen (15) days prior written notice of such cancellation has been given to the Borough. The Certificate of Insurance must show evidence, policies of insurance, maintained at the expense of the applicant for comprehensive general liability or manufacturers and contractors liability each of which must have a single occurrence and aggregate limit of at least five hundred thousand dollars (\$500,000.00). The contractor is also required to maintain property damage, bodily injury, products liability and completed operations insurance, each of at least five hundred thousand dollars (\$500,000.00). Blasting and demolition insurance shall also be required for blasting and demolition contractors. If you have employees, proof of WORKERS COMPENSATION INSURANCE is required. All sub-contractors are required to have a Contractors License and must conform to the rules and regulations governing contractor-subcontractor relationships.**
- 4. Mail or bring the completed application, \$50.00, and the certificate of insurance to the Borough Office.**

**By mail: Wyalusing Borough  
PO Box 131  
Wyalusing, PA 18853**

**By fax: 570-746-3576**

**To apply in person: Make an appointment by calling the Ordinance Enforcement Officer at 570-746-1707. Office hours are Monday-Friday 8:00 a.m. to Noon**

- 5. The Ordinance Enforcement Officer will process your application within thirty (30) days and send you the permit by mail. This contractors license allows the contractor to work in the Wyalusing Borough. In accordance with the Borough Ordinance the license will expire at 12:00 midnight, December 31 of the current license year.**

## PERSONAL REFERENCES

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WORK  
PERFORMED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WORK  
PERFORMED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WORK  
PERFORMED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WYALUSING BOROUGH CONTRACTOR LICENSE APPLICATION  
PLEASE PRINT**

**BUSINESS NAME:** \_\_\_\_\_

**Street Address/PO Box:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Tax ID#:** \_\_\_\_\_

**Principal Owners SSN:** \_\_\_\_\_

**OWNERS/PARTNERS NAMES(s):** \_\_\_\_\_

**Insurance Agent** \_\_\_\_\_ **Insurance Co** \_\_\_\_\_

**1. Have you been refused a Contractor's License or had a similar Contractor's License revoked or suspended within two years prior to the date of this application?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If YES, explain.** \_\_\_\_\_

**2. Have you been convicted within two years prior to the date of this application of any crime, offense or violation relating to your work or contracts as a contractor?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If YES, explain.** \_\_\_\_\_

**3. Are there any unsatisfied civil judgments against you alleging that you failed to complete or improperly performed a contract?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If Yes, explain.** \_\_\_\_\_

I certify the information contained in this application is correct to the best of my knowledge. I agree the information in this application shall be available for public inspection. I understand all construction, reconstruction, repair, replacement or maintenance work in the Borough of Wyalusing must comply with the BOCA National Building, Fire Prevention, Mechanical, Plumbing, Property Maintenance, National Electrical Code and the CABO One and Two Family Dwelling Codes as adopted by the Wyalusing Borough Council. I further understand that my failure to conform to the aforementioned codes or to maintain a current Certificate of Insurance to the Wyalusing Borough will result in the revocation of the Contractor Permit.

Upon issuing this permit, the Wyalusing Borough is only granting permission for my contracting business to work within the Borough limits. The Borough is not recommending my contracting business for hire by its residents and will not be held responsible for unsatisfactory work performed.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Borough Ordinance Enforcement Officer  
Notarized Certificate**

On this, the \_\_\_\_\_ day of \_\_\_\_\_, before me, the Wyalusing Borough Ordinance Enforcement Officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) whose name(s) is (are) subscribed to the within document and acknowledged that (he, she, they) executed the same for the purposes therein contained.

IN WITNESS THEREOF, I sign and officially seal.

Signed, \_\_\_\_\_

**License fee- \$50.00 (non-refundable) make check or money order payable to “Wyalusing Borough”, DO NOT send cash in the mail, to pay in cash make an appointment or pay in person Monday through Friday 8:00 a.m. to Noon at the Borough Hall. CERTIFICATE OF INSURANCE AND FEE MUST ACCOMPANY ALL APPLICATIONS. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.**

**ALL CONTRACTOR LICENSES EXPIRE AT MIDNIGHT, DECEMBER 31 OF THE YEAR PERMIT IS ISSUED.**

(The following to be completed by the Ordinance Enforcement Officer)

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Assigned Contractor License Number: \_\_\_\_\_

**WORKER'S COMPENSATION AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear that I will not employ/ hire any other person 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 Borough Office and provide proof of worker's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop work order and that such 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.I., 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939, and amended December 5, 1974, and amended July 2, 1993.

Applicant's Signature: \_\_\_\_\_

Sworn to and subscribed to me on this \_\_\_\_\_ day of \_\_\_\_\_

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**Borough Secretary**