



Building Official's Office
Chester City Hall
1 Fourth Street
Chester, PA 19013
Phone: 610-447-7751
Fax: 610-447-7907

Requirements for Securing a City of Chester Commerical Contractor's License

Article 1721 of the Codified Ordinances of the City of Chester, requires that any person or firm that operates as a general contractor, subcontractor, specialty contractor or home improvement contractor must annually apply for and receive a commercial contractor's license in order to engage in any commercial construction, repairs, remodeling, rehabilitation, or demolition within the City of Chester.

The attached **Contractor's License Application**, as well as a **License and Registration Fee** form provided by the City's designated Business Privilege Tax collector, the Central Tax Bureau of Pennsylvania, must be fully completed. In addition, pursuant to Article 1721.06, no license shall be issued or become effective until the applicant pays an annual license fee of **\$60.00** payable via business check or money order to the **City of Chester**. A separate **\$25.00** business check or money order payable to **Central Tax Bureau** must also be submitted as a required minimum fee and to secure a business privilege license. All journeyman license fees are twenty-five dollars (\$25.00) and laborers and apprentices are exempt from this fee. Please note that cash will not be accepted with the submission of the application.

As part of the application process, a Certificate of Insurance is needed naming the City of Chester as certificate holder, also showing general liability and workers compensation insurance is also required. If the applicant does not have any employees or is not otherwise required to provide workers compensation insurance, the license application should be properly notarized.

If an applicant has a contractor's license for a specific trade from another municipality, please provide a copy of such license with this application. If the applicant does not have another municipal license, please provide a letter with references that includes the names and contact information of other employers for which the applicant has undertaken similar work.

If the applicant has any questions or requires further information, please contact 610-447-7751.

CONTRACTOR LICENSE APPLICATION

TO BE COMPLETED BY CITY:

BUSINESS #: _____ CATEGORY: _____ LICENSE #: _____

TO BE COMPLETED BY APPLICANT:

ESTABLISHMENT NAME: _____

CONTRACTOR'S INDIVIDUAL NAME: _____

ADDRESS _____

CITY/STATE/ZIP CODE: _____

TO BE COMPLETED BY CITY:

DATE: _____ DATE APPROVED: _____

PREPARED BY: _____

APPROVED BY: _____

LICENSE APPLICATION FORM:

Pursuant to Article 1721 of the codified ordinances of the City of Chester, I hereby apply for a contractor's license in the City of Chester and I submit the following statement:

BUSINESS INFORMATION

FIRM NAME: _____

TELEPHONE: _____

ADDRESS: _____

TYPE OF TRADE/BUSINESS _____

Individual Proprietorship Partnership Corporation

FEDERAL TAX ID NUMBER: _____

PUBLIC LIABILITY INSURANCE CARRIER: _____

POLICY NUMBER: _____

AMOUNT OF COVERAGE: _____

ADDRESS: _____

NOTE: CERTIFICATE OF LIABILITY INSURANCE MUST BE PROVIDED

WORKS COMPENSATION INSURANCE CARRIER: _____

ADDRESS OF AGENT: _____

PHONE # OF AGENT: _____ AMOUNT OF COVERAGE: _____

CERTIFICATION OF WORKERS COMPENSATION INSURANCE MUST BE PROVIDED OR AN AFFIDAVIT OF EXEMPTION MUST BE SUBMITTED:

NUMBER OF YEARS IN BUSINESS: _____

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____ TITLE: _____

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION
(ATTACH TO CONTRACTOR'S LICENSE APPLICATION)

A. The applicant is a contractor within the meaning of the Pennsylvania Workers Compensation Law:
 YES NO

B. Insurance Information

Name: _____

Federal or State Employer Identification No.: _____

If applicant is a qualified self-insurer for workers compensation.

Must attach copy of certification to the application.

Name of Workers Compensation Insurer: _____

Workers Compensation Insurance Policy No.: _____

Policy expiration date: _____

Must attach a Certificate of Insurance to the application.

C. Exemptions

Complete **Section C** if the applicant is a contractor claiming exemption from providing compensation insurance

The undersigned swears or affirms that he/she is NOT REQUIRED to provide workers compensation insurance under the provisions of Pennsylvania Compensation Law for one of the following reason indicated.

A contractor with no employees. A contractor is prohibited by law from employing any individual to perform work pursuant to a building permit unless the contractor has provided proof of insurance to the City of Chester .

Religious Exemption. Under the Workers Compensation Law

NOTE: IF SECTION C, YOU MUST HAVE AFFIDAVIT BELOW NOTARIZED

Subscribed and sworn before me on this: _____ day of _____ 20 _____

Notary Signature: _____

Commission expiration date: _____

Applicant Signature: _____

Address of applicant: _____