



Building Official's Office  
Chester City Hall  
1 Fourth Street  
Chester, PA 19013  
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## Requirements for Securing a City of Chester Commercial 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 **City of Chester** 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 #: \_\_\_\_\_

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**TO BE COMPLETED BY APPLICANT:**

ESTABLISHMENT NAME: \_\_\_\_\_

CONTRACTOR'S INDIVIDUAL NAME: \_\_\_\_\_

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

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**TO BE COMPLETED BY CITY:**

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_