



# Borough of Palisades Park

275 Broad Avenue

Bergen County, N.J. 07650

Building Department

Tel: (201) 585-4108

Fax: (201) 585-4110

## APPLICATION FOR CONTRACTOR'S LICENSE REGISTRATION WITH THE BOROUGH OF PALISADES PARK

PAYMENT OF \$450.00 PAYABLE TO THE BOROUGH OF PALISADES PARK

I \_\_\_\_\_ hereby acknowledge that I have fully read  
(PRINT NAME CLEARLY) this application and state that the information is correct  
and agree to comply with all of the Borough Ordinances

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Fed I.D. Number: \_\_\_\_\_

Contractor/Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

SEE PAGE TWO (OVER)



**INSURANCE CARRIER MUST SUPPLY COVERAGE IN THE STATE OF NEW JERSEY**

**INSURANCE INFORMATION:**

Name of Insurance Company: \_\_\_\_\_

Name of company writing the insurance (the carrier): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

An ORIGINAL Certificate of Insurance naming BOROUGH OF PALISADES PARK AS A CERTIFICATE HOLDER. Please be advised that only original certificates will be accepted. If it is faxed, it must be faxed from the insurance company and the original to follow. Furthermore, should your insurance information/company change, it is your responsibility to forward any and all pertinent information to this department.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. IT MUST CONTAIN ORIGINAL SIGNATURES AND THE FEE OF \$450.00 MUST BE PAID AT THE TIME YOU SUBMIT THIS APPLICATION. CHECK OR MONEY ORDER ONLY PAYABLE TO THE BOROUGH OF PALISADES PARK.

DATE ISSUED: \_\_\_\_\_

LICENSE NUMBER ISSUED: \_\_\_\_\_

AMOUNT COLLECTED: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_