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DEPARTMENT OF CODES & INSPECTIONS

FEE: \$50.00

CITY OF ALTOONA CONTRACTOR'S LICENSE APPLICATION

APPLICATION DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

OWNER NAME(S) _____

ADDRESS: _____ **PHONE:** _____

INSURANCE COMPANY: _____

AGENT: _____

ADDRESS: _____ **PHONE:** _____

WORKERS COMPENSATION POLICY NO: _____

LIABILITY POLICY NO: _____

EXPIRATION DATE: ____ / ____ / ____

NUMBER OF EMPLOYEES: _____

A current copy of your Certificate of Insurance must be attached to this application.

I affirm that the information provided herein is true and correct to the best of my knowledge. I also understand that I may be prosecuted to the fullest extent of law should I give any false information and there are criminal and civil penalties for falsifying statements.

APPLICANT NAME (please print): _____

APPLICANT SIGNATURE: _____

DATE: _____