

<b>APPLICATION FOR MASTER PLUMBER'S LICENSE</b>	<b>TOWNSHIP OF RIDLEY</b> 100 E. MACDADE BLVD., FOLSOM, PA 19033 PHONE # 610-534-4803   FAX # 610-534-2545	DATE: _____
		LICENSE #: _____

Pursuant to Ridley Code Chapter 173, Article II, I hereby apply for a Master Plumber's License in the Township of Ridley and I submit the following statement.

<b>BUSINESS INFORMATION</b>
FIRM NAME: _____
PHONE #: _____ FAX #: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TYPE OF BUSINESS: <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
EMPLOYER IDENTIFICATION NUMBERS: STATE _____ FEDERAL _____
NAME OF MASTER PLUMBER: _____ DCMPC # _____

<b>INSURANCE INFORMATION</b>
<b>CERTIFICATE(S) OF INSURANCE WITH THE TOWNSHIP OF RIDLEY AS CERTIFICATE HOLDER MUST BE FURNISHED WITH THIS APPLICATION.</b>
LIABILITY INSURANCE CARRIER: _____
POLICY # _____ POLICY EXPIRES: _____
COVERAGE AMOUNTS: PROPERTY DAMAGE: _____ PERSONAL INJURY: _____
WORKERS COMPENSATION INSURANCE CARRIER: _____
POLICY # _____ POLICY EXPIRES: _____

<b>APPLICANT INFORMATION</b>
<b>LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF THE BUSINESS</b>
TITLE: _____ NAME: _____
ADDRESS: _____
TITLE: _____ NAME: _____
ADDRESS: _____
TITLE: _____ NAME: _____
ADDRESS: _____
TITLE: _____ NAME: _____
ADDRESS: _____

Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection Agency?  NO  YES

Do you agree to confirmation of the above with the Better Business Bureau or other agencies?  YES  NO

Every master plumber licensee shall, within 10 days after a change in control of ownership or of management or of change of address or trade name, notify the Code Enforcement Officer of such changes.

Licenses of all master plumbers shall expire on December 31 of each year following the date of issue unless prior thereto the license is revoked or suspended. Upon payment of the annual license fee, as prescribed by § 173-20 E, prior to the expiration date, a license shall be renewed for another year, and the authority to do business shall continue in effect until such time within the year as the Board of Health revoked or suspended the license.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make false statement herein I am subject to penalties as may be prescribed by law or ordinance.

I hereby authorize the Township of Ridley to obtain any information that its officials require concerning statements in this application, which shall remain the property of the Township of Ridley.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Signed Above

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Pennsylvania:  
: ss  
County of Delaware:

On this \_\_\_\_\_ day of \_\_\_\_\_, a.d., 20\_\_\_\_\_, before me, the subscriber, a Notary Public of the Commonwealth of Pennsylvania, residing in \_\_\_\_\_, personally appeared

\_\_\_\_\_, who being duly sworn according to law, depose and say, that they are the owner or authorized agent of the owner of the business indicated upon this application; that the facts set forth in this master plumber's license application are true; that this affidavit is made for the purpose of procuring a master plumber's license; that the all work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved code and ordinance requirements adopted by the Township of Ridley.

WITNESS my hand and seal the day and date above written.

\_\_\_\_\_  
Signature of Owner or Authorized Agent of the Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires