



# BOROUGH OF NEW HOPE

123 New Street, New Hope, PA 18938 • Phone 215-862-3347 • info@NewHopeBorough.org

## ANNUAL CONTRACTOR REGISTRATION APPLICATION

**(Pursuant to section 517.12. governing Preemption of local registration under the Pennsylvania Home Improvement Consumer Protection Law, 73 P.S. Section 517.1, et seq., Registration with shall not be required of any "Contractor" who solely contracts for and performs "Home improvement" services as those "terms" are defined in the Act.)**

**Instructions:** Please print clearly completing all sections. Your application WILL NOT be processed until all of the sections have been completed and the registration fee has been received by this Office. If a section does not apply to your business, write "N/A." **Refer to attached instructions.**

### THIS FORM IS (SELECT ONE)

<input type="checkbox"/>	Application for a New Contractor Registration
<input type="checkbox"/>	Application for Renewal of an Existing Contractor Registration. Please complete Section A & B only
<input type="checkbox"/>	Update/change information to a current Contractor Registration

For Administration Use Only	
Date Received	
Approval Date	
Certificate Number	
Approved by:	

**SITE Address** \_\_\_\_\_

### Section A – Form/Business Type (select one):

<input type="checkbox"/>	Sole Proprietorship/Individual	<p>All business entities must register with the PA Dept. of State prior to completing this application. See <b>A Guide to Business Registration in Pennsylvania</b> at <a href="http://www.dos.pa.gov/BusinessCharities/Business">www.dos.pa.gov/BusinessCharities/Business</a> or call <a href="tel:1-888-659-9962">1-888-659-9962</a>.</p>
<input type="checkbox"/>	General Partnership	
<input type="checkbox"/>	Corporation	
<input type="checkbox"/>	Limited Liability Company	
<input type="checkbox"/>	Limited / Limited Liability Partnership	
<input type="checkbox"/>	Joint Venture	

### Section B – Business Information

Name – "Sole Proprietorship/Individual," provide your first name, middle initial, and last name. For all other businesses, provide your business name as registered with the PA Department of State ("PA DOS").			
List all other names or fictitious names under which you do business. Businesses and sole proprietorships cannot conduct business in Pennsylvania through any assumed or fictitious name not registered with the Pennsylvania Department of State.			
Business Street Address			
City		State	Zip
Mailing Address			
City		State	Zip
Business Telephone Number	Business Cell Number	Email Address	
Federal Employer Identification Number / Tax Identification Number		Website Address	

**Additional Business Addresses**

**Please list any additional addresses under which the business operates:**

Additional Business Address		
City	State	Zip

Additional Business Address		
City	State	Zip

**Business Background Information - Has the business listed in Section B ever:**

Yes	No
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Had any municipality refused to issue a Contractor Registration or any similar licenses to the applicant within two years prior to the date of this application:

**If yes**, state the reason and the current status of that registration or license:

Had any convictions within two years prior to the date of this application for any crimes or offenses under any federal or state criminal statute or common law criminal offense, or for violation of any municipal ordinance, so long as such convictions were for crimes or offenses related to the applicant's work or contracts as a contractor. The term "conviction" shall include guilty pleas and pleas of nolo contendere:

**If yes**, provide the case caption, court and term number of the proceeding leading to the conviction and explain the nature of the conviction (document here "See Attached"):

**Resident Agent- For out-of-state businesses only**

If you are an out-of-state business, provide the name and address of the contractor's PA-based resident agent or registered office provider.

Resident Agent/Registered Office Name		
Resident Agent/Registered Office Address (Within Pennsylvania)		
City	State	Zip
Business Registration/License/Entity No. from Home State		

**Section C – Personal Information**

**List each individual, owner, officer, general and/or limited partner, partner, member, or party to a joint venture on a separate page and provide all the requested information for each.**

First Name		M. I.	Last Name		Title (Owner, President, Manager Etc.)	
Date of Birth	Social Security Number		Driver's License No. /State Issued ID No.		Issuing State	
Home Street Address/Apartment No.						
City				State	Zip	
Personal Telephone Number		Fax Number		Email Address		
Federal Employer Identification Number / Tax Identification Number						

<b>Personal background information – Has the above named individual ever:</b>	<b>Yes</b>	<b>No</b>
Been convicted of a felony or misdemeanor for crimes related to the applicant's work or contracts as a contractor:		
<b>If yes</b> , provide the case caption, court and term number of the proceeding leading to the conviction and explain the nature of the conviction (document here "See Attached"):		

<b>Prior business background information - Has the above named individual ever:</b>	<b>Yes</b>	<b>No</b>
Had any municipality refuse to issue a Contractor Registration or any similar licenses to the applicant within two years prior to the date of this application:		
<b>If yes</b> , state the reason and the current status of that registration or license:		
Had any convictions within two years prior to the date of this application for any crimes or offenses under any federal or state criminal statute or common law criminal offense, or for violation of any municipal ordinance, so long as such convictions were for crimes or offenses related to the applicant's work or contracts as a contractor. The term "conviction" shall include guilty pleas and pleas of nolo contendere:		
<b>If yes</b> , provide caption, court and term number of the proceeding leading to the conviction and explain the nature of the conviction (document here "See Attached"):		

**Section C – Personal Information for additional parties - Attach additional sheets of paper as necessary.**

Use this page for **additional** owners, officers, managers, partners or parties to a joint venture.

First Name		M. I.	Last Name		Title (Owner, President, Manager Etc.)	
Date of Birth	Social Security Number		Driver's License No. /State Issued ID No.		Issuing State	
Home Street Address/Apartment No.						
City				State	Zip	
Personal Telephone Number		Fax Number		Email Address		
Federal Employer Identification Number / Tax Identification Number						

<b>Personal background information – Has the above named individual ever:</b>	Yes	No
Been convicted of a felony or misdemeanor for crimes related to the applicant's work or contracts as a contractor:		
<b>If yes</b> , provide the case caption, court and term number of the proceeding leading to the conviction and explain the nature of the conviction (document here "See Attached"):		

<b>Prior business background information - Has the above named individual ever:</b>	Yes	No
Had any municipality refuse to issue a Contractor Registration or any similar licenses to the applicant within two years prior to the date of this application:		
<b>If yes</b> , state the reason and the current status of that registration or license:		
Had any convictions within two years prior to the date of this application for any crimes or offenses under any federal or state criminal statute or common law criminal offense, or for violation of any municipal ordinance, so long as such convictions were for crimes or offenses related to the applicant's work or contracts as a contractor. The term "conviction" shall include guilty pleas and pleas of nolo contendere:		
<b>If yes</b> , provide caption, court and term number of the proceeding leading to the conviction and explain the nature of the conviction (document here "See Attached"):		



**Section G – Job Performance**

Provide jobs performed within the preceding 90-day period. At a MINIMUM, provide the last five (5) references.

Date Completed		Client Name	
Site Address		Address	
City, State		City, State	
		Phone	
Scope of Work:			
Date Completed		Client Name	
Site Address		Address	
City, State		City, State	
		Phone	
Scope of Work:			
Date Completed		Client Name	
Site Address		Address	
City, State		City, State	
		Phone	
Scope of Work:			
Date Completed		Client Name	
Site Address		Address	
City, State		City, State	
		Phone	
Scope of Work:			
Date Completed		Client Name	
Site Address		Address	
City, State		City, State	
		Phone	
Scope of Work:			

## Section H – Insurance and Indemnification Agreement

No contractor's registration shall be issued unless the applicant files a **Certificate of Insurance** with the Borough of New Hope Code Official at the time of registration application. The Certificate of Insurance shall contain a provision that coverages afforded under the policy will not be canceled until at least 15 days' prior written notice of such cancellation has been given to the Borough of New Hope. The Certificate of Insurance must evidence policies of insurance, maintained at the expense of the applicant, for commercial general liability, public liability, property damage, products liability, completed operations and worker's compensation, each of which must have a single occurrence limit of at least \$100,000. Additional blasting and demolition liability insurance coverage shall be determined by the Borough of New Hope Code Official at the time of application for such permits and shall be reasonably based on the nature and the extent of the applicant's proposed operations and requested permits.

### 1. Insurance policy coverage

Name of <u>Insured</u> : (If you are registered as an Individual/Sole Proprietorship, the name of the insured must be in the individual name. If you are registered as any other business type, provide the business name)		
Name of <u>Insurance Company</u> (Not Agent/Agency/Broker)		
Name of <u>Insurance Agent/Agency/Broker</u>		<u>Insurance Agent/Agency/Broker Telephone Number</u> .
<u>Insurance Agent/Agency Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Policy Number</u>		
<u>Policy Exp. Date</u> mm/dd/yyyy	<u>Personal Injury Coverage Amount</u> (*Min. \$100,000.00 per occurrence)	<u>Property Damage Coverage Amount</u> (*Min. \$100,000.00 per occurrence)

## 2. Defense and Indemnification Agreement

F:\WPWORK\1029 Borough of New Hope\002 Solicitorship\002.3 Statutes, Codes, Ordinances and Resources\Borough Code and Ordinances\Contractor Registration\Indemnity Agreement.docx

### **INDEMNITY AGREEMENT**

This Indemnity Agreement (the "Agreement") is made effective as of the date set forth below by and between the Borough of New Hope, Pennsylvania ("Borough") and the Contractor identified below.

1. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby to the fullest extent permitted by law, Contractor agrees to indemnify, defend and hold harmless the Borough, together with its agents, employees, representatives, officers, managers, officials, council members, and insurers (the "Indemnified Parties"), from and against any and all claims, damages, losses, expenses, including but not limited to attorneys' and experts' fees and costs, concerning, arising from, or as a consequence of, or are claimed to concern, arise from, or to be a consequence of:

a. Injury to and/or the death of any person or the damage, to any extent, to any property whatsoever, whether owned by the Borough or any third party or entity, caused or alleged to have been caused, in whole or in part, by any act, error, or omission of the Contractor or any of its officers, partners, members, employees, and/or subcontractors, sub-subcontractors, vendors, suppliers, material handlers, and/or their employees, under any legal theory whatsoever;

b. Failure of the Contractor to perform, or to perform properly, its obligations under any contract with a resident, business or entity located in the Borough of New Hope, Bucks County, Pennsylvania, under any legal theory whatsoever;

c. Failure of the Contractor to comply with the Borough's insurance requirements, or its failure to comply with any federal, state, or local law, regulation, ordinance or code.

d. Claims by employees of the Contractor, or its subcontractors, or sub-subcontractors, related to or arising out of any of Contractor's work, under any legal theory whatsoever;

e. Any accident or occurrence which happens, or is alleged to have happened, in connection with Contractor performing work, in any manner, either directly or indirectly through a subcontractor, or sub-subcontractor, vendor, supplier, or material handler; collectively "claim".

2. It is expressly understood and agreed that the indemnity defense and hold harmless, contained herein covers claims by Contractor's employees and any subcontractor's or sub-subcontractors, employees, and that Contractor expressly waives any immunity and defense to this indemnification, defense, and hold harmless, obligation which may arise under the Workers' Compensation Act, disability benefit acts or other employee benefit acts of any State.

3. In no manner whatsoever shall the Borough's enforcement of the terms of this Agreement be deemed an admission on its part that a claim constitutes or qualifies as an exception to the immunities afforded the Borough by the Pennsylvania Political Subdivision Tort Claims Act, the Pennsylvania Borough Code, or any other federal or state statute, as may be applicable.

**IN WITNESS WHEREOF**, intending to be legally bound, Contractor caused its duly authorized agent to execute this Agreement.

Contractor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position of Signatory: \_\_\_\_\_

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

**Section I – Certifications**

Intending to be legally bound by all the foregoing and below, I certify that as further set forth below, I am authorized to make the certification as, or on behalf of the Applicant, and that all of the information provided in connection with this application is true to the best of my information, knowledge, and belief. I understand that any omissions, inaccuracies, failure to make full disclosures, or failure to comply with the requirements of the **Borough of New Hope Code of Ordinance No. 2004-13 § 117 REGISTRATION OF CONTRACTORS** may be deemed sufficient to deny registration, or to withhold renewal of, or suspend or revoke, a registration.

I certify that I have authority as an owner, officer, managing member, or partner to make this certification on behalf of the Contractor identified in Section B. (This Certification must be signed by one of the individuals listed in this application.)

I agree to cooperate fully with any request by the *Borough of New Hope* to provide any assistance or information and to produce any records requested by the *Borough of New Hope* pertaining to the application and the validity of the license once issued

I understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to **18 Pa. C.S.A. § 4904**.

I understand that information provided on this application may be subject to public disclosure under Pennsylvania’s Right to Know Law. (Social Security Numbers and driver’s license numbers will not be publicly disclosed.)

I understand that as a requirement of registration, any change in the information provided in this registration application is required to be updated within 30 days of the change.

\_\_\_\_\_  
Signature of Authorized Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Along with the completed Contractor Registration Application, the applicant must submit a nonrefundable fee noted in the Fee Schedule.

The Fee Schedule can be found on the Borough Website:

GOVERNMENT > [Fee Schedule](#)

**5-CONSTRUCTION PERMITS AND CERTIFICATES OF OCCUPANCY, J-CONTRACTOR REGISTRATION.**

**Instructions:** Please print clearly completing all sections. Your application WILL NOT be processed until all of the sections have been completed and the registration fee has been received by this Office. If a section does not apply to your business, write "N/A."

Identify the purpose of the application- THIS FORM IS:

**-Application for a New Contractor Registration:**

For registration of a Contractor, not previously registered in New Hope Borough

Complete all applicable sections

Submit appropriate supporting documentation

Submit current registration fee

**-Application for RENEWAL of an Existing Contractor Registration**

For Contractors who have previously registered with New Hope Borough, who hold an unexpired registration, and who have not been revoked or suspended during the current registration year.

Complete (Required)

Section A – Form / Business Type

Section B – Business Information

Section H – Insurance and Indemnification Agreement

Section I – Certifications

Submit current registration fee

**-Update/change information to a current Contractor Registration**

Within 30 days after a change in ownership, directors, officers, management, address or trade name, the Contractor must notify New Hope Borough.

Complete (Required) –

**THIS FORM IS –**

Check "Update / change information to a current Contractor Registration

**Section A – Form / Business Type**

**Section B – Business Information**

**Complete any section requiring change of information**

**Section I – Certifications**

Submit appropriate supporting documentation

**The Fee Schedule can be found on the Borough Website:**

**GOVERNMENT > [Fee Schedule](#)**

**5-CONSTRUCTION PERMITS AND CERTIFICATES OF OCCUPANCY, J-CONTRACTOR REGISTRATION**