

**APPLICATION**

**KIDDER TOWNSHIP SEPTIC CONTRACTOR'S LICENSE**

Office Use Only:

CONTRACTOR'S NUMBER \_\_\_\_\_

YEAR \_\_\_\_\_  
Jan 1 - Dec 31

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**RENEWAL** (License held previous year) Previous Year's Contractor's License Number \_\_\_\_\_

**NEW**

**ANNUAL FEE: \$100.00**

ATTACH CERTIFICATE OF LIABILITY & WORKERS' COMP INSURANCE SHOWING KIDDER TOWNSHIP AS  
CERTIFICATE HOLDER

RETURN TO: KIDDER TOWNSHIP, P. O. BOX 576, LAKE HARMONY PA 18624

FOR OFFICE USE ONLY: FEE: \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_