



TOWNSHIP OF GALLOWAY
CONSTRUCTION OFFICE

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GALLOWAY TOWNSHIP
CONTRACTORS APPLICATION

CONTRACTORS #: _____ FEE CHARGE: _____

TYPE: _____

APPLICANT'S NAME: _____

(CIRCLE ONE)

APPLICANT TRADING AS: INDIVIDUAL | PARTNERSHIP | CORPORATION

INDIVIDUAL NAME: _____

PHONE: _____

BUSINESS
ADDRESS: _____

HOME
ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PARTNERSHIP

NAME OF COMPANY: _____

COMPANY
ADDRESS: _____

NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF ALL PARTNERS:

CORPORATION

CORPORATE NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

NAME, ADDRESS OF REGISTERED AGENT:

NAME, ADDRESS, SOCIAL SECURITY NUMBER OF ALL PERSONS 10% OR MORE OF THE CORPORATE STOCK:

LENGTH OF TIME APPLICANT HAS BEEN IN BUSINESS: _____

DOES APPLICANT CARRY PUBLIC LIABILITY INSURANCE? (CIRCLE ONE) YES | NO

AMOUNT OF COVERAGE? _____

IS APPLICANT LICENSED TO WORK IN ANY OTHER CITY OR BOROUGH REQUIRING A LICENSE?
YES | NO

IF YES, NAME OF CITY OR BOROUGH: _____

HAS YOUR LICNESE IN ANY OTHER CITY BEEN REVOKED FOR ANY REASON? YES | NO

IF YES, PLEASE STATE NAME OF CITY OR MUNICIPALITY AND EXPALIN REASON FOR REVOCATION: _____

DO YOU CARRY WORKERS COMPENSATION INSURANCE AS REQUIRED BY LAW? YES | NO

IF YES, NAME AND ADDRESS OF COMPANY THAT UNDERWRITES POLICY: _____

POLICY NUMBER: _____ EXPIRATION DATE: _____

I (WE) CERTIFY THAT I (WE) HAVE READ THIS APPLICATION THOROUGHLY AND AGREE TO CONFORM TO THE PROVISIONS OF ALL LOCAL AND STATE REGULATIONS CONCERNING BUILDING CONSTRUCTION.

BY: _____
SIGNATURE OF APPLICANT

SWORN AND SUBSCRIBED BEFORE ME
THIS DAY OF 2005
NOTARY PUBLIC OF NEW JERSEY