

Borough of Clifton Heights  
30 S. Springfield Road  
Clifton Heights, PA 19018  
610-623-3223 Fax 610-284-1461

# 2014

## APPLICATION TO OBTAIN A HVAC LICENSE UNDER ORDINANCE # 637

### **REQUIREMENTS:**

- 1.) A CERTIFICATE OF INSURANCE WITH THE BOROUGH OF CLIFTON HEIGHTS LISTED AS A HOLDER
- 2.) A CHECK IN THE AMOUNT OF \$50.00 MADE PAYABLE TO THE BOROUGH OF CLIFTON HEIGHTS

FIRM NAME: \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE#: \_\_\_\_\_ PAGER/CELL# \_\_\_\_\_  
NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

### **EMPLOYER IDENTIFICATION NUMBERS:**

( ) CITY \_\_\_\_\_  
( ) STATE \_\_\_\_\_  
( ) FEDERAL \_\_\_\_\_

### **TYPE OF BUSINESS:**

( ) CORPORATE  
( ) PARTNERSHIP  
( ) SOLE PROPRIETOR

INSURANCE PROVIDER: \_\_\_\_\_  
AGENT: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
GENERAL LIABILITY-POLICY # \_\_\_\_\_  
WORKERS COMPENSATION-POLICY# \_\_\_\_\_  
**(\*IF YOU DO NOT HAVE A WORKMANS COMPENSATION POLICY YOU MUST SUBMIT A NOTORIZED AFFIDAVIT)**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_