



**Anthony Greci,
Director of Code Enforcement
& Inspection**

Township of South Orange Village

*76 South Orange Avenue
Suite 302
South Orange, N.J. 07079*

**Tel.: (973) 378-7715 ext. 7700
Fax: (973) 378-5830**

CONTRACTOR LICENSE

(This license is for commercial work only. Contractors doing work on residential properties do not need to apply.)

\$100.00 NEW APPLICATION

\$75.00 RENEWAL

Make sure to include:

- * **COMPLETE APPLICATION**

- * **HAVE NOTARY SEAL**

- * **PROVIDE A COPY OF YOUR LIABILITY INSURANCE NAMING THE TOWNSHIP OF SOUTH ORANGE VILLAGE AS THE CERTIFICATE HOLDER AND ADDITIONALLY INSURED.**

PLEASE RETURN TO:

**TOWNSHIP OF SOUTH ORANGE VILLAGE
BUILDING DEPARTMENT
76 SOUTH ORANGE AVENUE
SUITE 302
SOUTH ORANGE, NJ 07079**

UPDATED: AUGUST 10, 2017



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APPLICATION FOR LICENSE AS A CONTRACTOR PURSUANT TO CHAPTER 66 OF THE CODE OF THE TOWNSHIP OF SOUTH ORANGE VILLAGE

THE UNDERSIGNED HEREBY APPLIES FOR A LICENSE AS A CONTRACTOR PURSUANT TO CHAPTER 66 OF THE CODE OF THE TOWNSHIP OF SOUTH ORANGE VILLAGE AND DOES HEREBY SUBMIT THE FOLLOWING:

CLASS OF LICENSE
DESIRED:

(CHECK ONE OR MORE)

- | | |
|---|--|
| <input type="checkbox"/> GENERAL CONTRACTOR
(One responsible for all subcontractors) | <input type="checkbox"/> ROOFING & SIDING CONTRACTOR |
| <input type="checkbox"/> DEMOLITION CONTRACTOR | <input type="checkbox"/> MOVING CONTRACTOR |
| <input type="checkbox"/> SWIMMING POOL CONTRACTOR | <input type="checkbox"/> SIGN AND BILLBOARD |
| | <input type="checkbox"/> OTHER _____ |

APPLICANT: _____

APPLICANT'S BUSINESS NAME, IF DIFFERENT THAN ABOVE: _____

APPLICANT'S BUSINESS
ADDRESS _____

PHONE NUMBER _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY # _____

FEDERAL EMP. ID # _____

IF APPLICANT IS AN INDIVIDUAL:

NAME: _____

ADDRESS: _____

IF APPLICANT IS PARTNERSHIP, ATTACH SHEET SETTING FORTH NAME, RESIDENCE, DATE OF BIRTH AND PLACE OF BIRTH OF ALL PARTNERS.

IF APPLICANT IS A CORPORATION, ATTACH SHEET SETTING FORTH NAME, RESIDENCE, DATE AND PLACE OF BIRTH OF ALL OFFICERS AND ALL STOCKHOLDERS OWING 10% OR MORE OF ISSUED STOCK.

FOR OFFICE USE ONLY

RECEIPT # _____ DATE OF PAYMENT: _____ AMOUNT PAID: _____ LICENSE #: _____

APPROVED: _____ DATE: _____

DENIED: _____ DATE: _____



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IF APPLICANT IS A CORPORATION, ATTACH SHEET SETTING FORTH NAME, RESIDENCE, DATE OF BIRTH AND PLACE OF BIRTH OF ALL OFFICERS AND ALL STOCKHOLDERS OWNING 10% OR MORE OF ISSUED STOCK.

NAME OF REGISTERED AGENT: _____

ADDRESS OF SAME: _____

PHONE NUMBER: (_____) - _____ - _____

IF APPLICANT IS ANOTHER TYPE OF ENTITY, ATTACH SHEET SETTING FORTH NAME OF RESIDENCE, DATE OF BIRTH AND PLACE OF BIRTH OF EACH PERSON HAVING 10% OR GREATER INTEREST IN ENTITY AND NAME, ADDRESS AND PHONE NUMBER OF AGENT TO BE CONTRACTED.

HAS ANY APPLICANT, PARTNERS, OFFICERS OR STOCKHOLDERS THEREOF EVER BEEN CONVICTED OF A CRIME? (CIRCLE ONE) **YES NO**

IF YES, ATTACH SHEET GIVING DETAILS, INCLUDING NAME UNDER WHICH CONVICTED, DATE OF CONVICTION, CRIME CHARGED AND DISPOSITION OF MATTER.

NUMBER OF YEARS IN BUSINESS AT PRESENT LOCATION: _____

ADDRESS OF PRIOR LOCATION: _____

NUMBER OF YEARS IN BUSINESS AT SAID LOCATION: _____

IS APPLICANT LICENSED IN ANY OTHER MUNICIPALITY? (CIRCLE ONE) **YES NO**

IF SO, WHICH ONES? _____

HAS APPLICANT BEEN DENIED A LICENSE OR HAD A LICENSE REVOKED IN ANY OTHER MUNICIPALITY? (CIRCLE ONE) **YES NO**

NAMES & DATES OF DENIAL OR REVOCATION: _____

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

NAME OF COMPANY: _____

AMOUNT OF COVERAGE: _____

LIST TWO MUNICIPALITIES IN WHICH YOU HAVE DONE WORK, AND THE WORK WAS COMPLETED AND INSPECTED BY THE LOCAL SUBCODE OFFICIAL: _____

SIGNATURE OF APPLICANT, OFFICER OR PARTNER: _____



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FOR CORPORATION USE ONLY

STATE OF NEW JERSEY, COUNTY OF ESSEX

FED TAX ID#: _____ - _____

BET IT REMEMBERED, THAT ON THIS _____ DAY OF _____, 20____,
BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC OF THE STATE OF NEW JERSEY PERSONALLY APPEARED
_____, WHO

Name of Applicant

BEING DULY SWORN ON HIS/HER OATH, DEPOSES AND MAKES PROOF TO MY SATISFACTION THAT HE/SHE IS THE
_____ OF THE CORPORATION NAMED IN THE

Title with Corporation

WITHIN INSTRUMENT; THAT _____ IS THE PRESIDENT

Name of Applicant

OF SAID CORPORATION; THAT THE EXECUTION, AS WELL AS THE MAKING OF THIS INSTRUMENT, HAS BEEN DULY
AUTHORIZED BY A PROPER RESOLUTION OF THE BOARD OF DIRECTORS OF SAID CORPORATION; AND THAT THE SEAL
AFFIXED TO SAID INSTRUMENT IS THE PROPER CORPORATE SEAL AND WAS THERETO AFFIXED TO SAID IN SIGNED AND
DELIVERED BY SAID PRESIDENT AS FOR THE VOLUNTARY ACT AND DEED SAID CORPORATION, IN PRESENCE OF THE
DESPONDENT, WHO THEREUPON SUBSCRIBED HIS/HER THERETO AS ATTESTING WITNESS.

Signature of Officer of Corporation

Sworn to and subscribed to before me, this _____ day
of _____, 20_____.

Notary Public



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FOR INDIVIDUAL USE ONLY

STATE OF NEW JERSEY, COUNTY OF ESSEX

SS#: _____ - _____ - _____

BET IT REMEMBERED, THAT ON THIS _____ DAY OF _____, 20____,
BEFORE ME, THE SUBSCRIBER, A NOTARY PUBLIC OF THE STATE OF NEW JERSEY PERSONALLY APPEARED
_____, WHOM I AM

Name of Applicant

SATISFIED IS THE PERSON NAMED IN AND WHOM HAS EXECUTED THE ABOVE APPLICATION AND THEREUPON HAS
ACKNOWLEDGED THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND THAT THE SAME WAS SIGNED, SEALED
AND DELIVERED AS ACT AND DEED, FOR THE USES AND PURPOSES THEREIN EXPRESSED.

Signature of Applicant

Sworn to and subscribed to before me, this _____ day
of _____, 20_____.

Notary Public