



Founded July 4, 1772

City Of Sunbury Codes Administration Office

225 Market Street
Sunbury, PA, 17801

Voice: 570-286-4207
Fax: 570-286-5490
sunbury1@ptd.net
www.cityofsunbury.com

Contractor License Application

Name of Business _____

Address of Business _____

City, State Zip _____

Telephone Number(s) _____

Name of Owner _____

Address of Owner _____

City, State Zip _____

Telephone Number(s) _____

Liability Insurance Carrier _____ Coverage Amount _____

Name of Insurance Agent _____ Worker Comp (y/n) _____

Address of Insurance Agent _____

City, State Zip _____

Telephone Number _____

Type of Work Performed _____

To the best of my knowledge all above statements are true.

Signature of Contractor

Date

Contractors must also submit a Certificate of Insurance from their insurance company certifying coverage of \$300,000 liability insurance for each occurrence and Workman's Compensation coverage.

This Certificate of Insurance should be faxed or mailed to the Codes Office.