



# TOWN OF KEARNY

Construction Code Enforcement Department  
Town Hall Annex - 410 Kearny Avenue  
Kearny, N.J. 07032  
(201) 955-7880 - FAX (201) 998-5171  
[www.kearnyusa.com](http://www.kearnyusa.com)

## Application for Commercial Contractor Registration

(Office use only)	Registration Exp.:	December 31, 2008
	Registration No.:	_____
	Date Filed:	_____
	Date Issued:	_____
	Annual Fee Paid:	_____

Legal Name of Contractor: \_\_\_\_\_

Doing Business as: \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Business ID#: \_\_\_\_\_

Number of years firm has been in business under current trade name: \_\_\_\_\_

Provide any other trade name that you have had in the last five years: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_

Number of years firm has been located at above office address: \_\_\_\_\_  
(If less than three (3) years, give previous address and number of years at that location.)  
\_\_\_\_\_  
\_\_\_\_\_

Number of years if applicable: \_\_\_\_\_

State if applicant is an individual, a partnership, a corporation or any other entity and, if another entity, a full explanation of that entity:

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If the applicant is an individual:

Applicant's residence:

Address:

Date of birth:

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If the applicant is a partnership:

Full name:

Residence address:

Date of birth:

Full name:

Residence address:

Date of birth:

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If the applicant is a corporation or other entity:

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State the class in which the applicant desires to be licensed, selecting one (1) or more of the classes designated in the Town Code:

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State the applicant's training and experience in the class or classes in which the applicant desires to be licensed:

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State the names of the last three municipalities where work requiring a building permit was performed. List the type of work for each job, date and address:

Municipality:

Type of Work:

Date & Address:

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Municipality: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Date & Address: \_\_\_\_\_

Municipality: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Date & Address: \_\_\_\_\_

Current Insurance Policy (Attach a copy of Certificate of Insurance with the Town of Kearny

Policy #: \_\_\_\_\_ as a Certificate of Holder)

Carrier: \_\_\_\_\_

Liability Coverage Amount: \$ \_\_\_\_\_

Telephone number for Verification: \_\_\_\_\_

State whether the applicant or any partners, officers or stockholders thereof have ever been convicted of a crime and, if so, the name of the person convicted, the date of the conviction, the crime or charge involved and the disposition thereof:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State whether the applicant or any partners, officers or stockholders thereof have violated any state, county or municipal ordinances or regulations on construction or demolition, as defined herein, including the Uniform Construction Code and, if so, the date and subject of the violation and the penalty imposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all information provide below is accurate to the best of my knowledge. I also understand that willfully providing false information shall subject me to penalty and/or loss of license.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Form must be notarized:

Sworn and subscribed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print Name (Notary Public)