



Founded July 4, 1772

# City Of Sunbury Codes Administration Office

225 Market Street  
Sunbury, PA, 17801

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

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## Contractor License Application

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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.**

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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.