

MUST submit copy of insurance to Borough of Lodi (Certificate holder) \$50.00 check for processing.

Borough Of Lodi
One Memorial Drive
Lodi, NJ 07644
973-365-4005 Ext 410
973-859-7466 Fax
Department of Inspections
Contractors License Application

Company Name: _____
Company Address: _____ Phone: _____

e-mail: _____

Owners Name: _____

Address: _____

(If different from above) _____ Phone: _____

Individual _____ Partnership _____ Corporation _____

Number of years in business at present address: _____

Number of years at prior address: _____

Give prior address: _____

Name of Insurance Carrier: _____

Address of Insurance carrier: _____

Policy # _____ Policy Date: _____ To _____

Policy # _____ Policy Date: _____ To _____

Policy # _____ Policy Date: _____ To _____

References: Name, Address, Phone #, How long known? Minimum 3
Acceptable references include: Trade, Former employers, suppliers, Code Enforcement Officials and personal (known for 2 years)

Type of registration:

General Contractor: _____ Roofing and siding Contractor: _____
Demolition Contractor: _____ Moving Contractor: _____
Swimming pool Contractor: _____
Sign or billboard Contractor: _____
Miscellaneous Contractor: _____

If you checked partnership or corporation, please list all principles in the company or corporation. Include address and phone numbers. (use additional sheet if necessary)

I understand that false or misleading statements on this application are grounds for rejection or revocation of my registration.

Date: _____ Signature: _____

For office use:

Approved: _____ Registration # _____

Rejected: _____ Date: _____

Construction Official

Comments:
