

## HOMESTEAD BOROUGH 221 East Seventh Avenue Homestead, PA 15120

Phone: (412) 461-1340 Fax: (412) 461-4057

## **CONTRACTOR LICENSE**

BUSINESS LOCATION		
Duainaga Mamai	Zoning District	Vord
Business Name:		
Address:		
Contact Person:	Fax: ( )	
Email:	_ LICENSE YEAR: 2026	
APPLICANT/BILLING INFORMATION		
Applicant Name:	Emaile	
Applicant Name:		
Contact Person (If different from above):		
Mailing Address:		
City:State:Zip Code:	Fax: ( )	
GENERAL INFORMATION  Pursuant to Homestead Borough Code of Ordinances, Chapter 13, Part 7, every person, partnership, joint venture, limited		
employee, directly or indirectly, permanently or temporarily, or who desires to continue to do so, shall for each activity make application for registration of the license year or prior to commencing business. Such application should be filed with the Borough office.  Has the applicant ever had a license, permit or approval to conduct this business denied or revoked by any Borough or any other jurisdiction? Yes No If yes, please explain		
Signature	Date	
Print Name	Title/Posit	ion
FEE SCHEDULE	Title/POSIL	IOH
License Fee		\$250.00
Scanning & Document Imaging Fee		\$5.00
TOTAL OF ALL FEES Payable to: H	OMESTEAD BOROUGH	\$255.00
Permit No Invoice No	Check No	· · · · · · · · · · · · · · · · · · ·
Approved by: Date:  Borough of Homestead		