

GALLOWAY TOWNSHIP
CONTRACTORS APPLICATION
300 E. JIMMIE LEEDS RD, GALLOWAY, NJ 08205
(609) 652-3700 EXT. 241/249 FAX: (609) 652-2027

CONTRACTORS NUMBER: _____ FEE: \$50.00
BUSINESS NAME _____

INDIVIDUAL:

NAME _____
PHONE # _____
BUSINESS
ADDRESS _____
HOME
ADDRESS _____
SOCIAL SECURITY
NUMBER _____

PARTNERSHIP:

NAME & ADDRESS OF
COMPANY _____
PHONE # _____
NAME & SOCIAL SECURITY NUMBER OF ALL
PARTNERS _____

CORPORATION:

CORPORATE NAME _____
PHONE # _____
BUSINESS
ADDRESS _____
NAME & ADDRESS OF
REGISTERED AGENT _____
NAME, ADDRESS & SOCIAL SECURITY NUMBER OF ALL PERSONS
OWNING 10% OR MORE OF THE
CORPORATE STOCK _____

LENGTH OF TIME APPLICANT HAS BEEN IN BUSSINESS _____

**YOU MUST SUBMIT A VALID CERTIFICATE OF LIABILITY
INSURANCE WITH THIS APPLICATION.**

I (WE) CERTIFY THAT I (WE) HAVE READ THIS APPLICATION THOROUGHLY AND AGREE TO
CONFORM TO THE PROVISIONS OF ALL LOCAL AND STATE REGULATIONS CONCERNING BUILDING
CONSTRUCTION.

SIGNATURE OF APPLICANT: _____ DATE: _____

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, 20____
NOTARY PUBLIC OF NEW JERSEY