

**OFFICE USE ONLY**

License# \_\_\_\_\_

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

Expires: \_\_\_\_\_

Insur. Exp: \_\_\_\_\_

Check #: \_\_\_\_\_

**Township of Hamilton**  
**Division of Construction & Inspections**

2090 Greenwood Ave  
Hamilton NJ 08650  
*ROOM 305*

- Liability Insurance  
- Check for \$250.00  
- *3-year license*

**Application for Contractor's Registration**

**Application is Hereby Made for a Builder's Registration By:**

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

Name of Business: \_\_\_\_\_

Sole \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required) \_\_\_\_\_

**Type of Work Performed:**

General Contractor \_\_\_\_\_ Roofing/Contractor \_\_\_\_\_ Demolition \_\_\_\_\_

Alt/Renovation \_\_\_\_\_ Other: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF VIOLATING A BUILDING CODE?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes-When? \_\_\_\_\_ Fine Imposed: \_\_\_\_\_ Place of Conviction: \_\_\_\_\_

**Reference Section**

(Two jobs you have previously done; does not have to be in Hamilton Township)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

**Registration Training:**

Please indicate years of experience: \_\_\_\_\_