

Borough of West Cape May
732 Broadway, West Cape May, NJ 80204
(609) 884-1005 phone (609) 898-0888 faxes

APPLICATION FOR CONTRACTOR'S LICENSE

New License () **\$150.00 Fee** **Renewal** () **\$75.00 Fee**

Name/Address Of Applicant: _____

Telephone Number: _____

Trade Name: _____

Type of Business: _____

MINIMUM AMOUNT OF LIABILITY INSURANCE REQUIRED

\$100,000.00 Each Person
\$300,000.00 Each Occurrence
\$50,000.00 Property Damage

Certificate of Insurance to be presented to Borough of West Cape May

Certificate of Insurance Received: _____

Expires: _____

Name of Insurance Company: _____

License **(Approved)** **(Denied)** By: _____

Date: _____

Pursuant to Ordinance No. 270-99C, Fee Received: **(\$150.00)** **(\$75.00)**

License Number: _____

Date Issued: _____

Comments: _____

No License will be issued without original Certificate of Insurance and signature of Construction Official.

