



**GENERAL LIABILITY ( )YES( )NO**

**AMOUNT OF COVERAGE**

**NAME & ADDRESS OF COMPANY THAT WRITES POLICY  
POLICY NUMBER**

**WORKERS COMPENSATION INSURANCE AS REQUIRED BY LAW**

**NAME AND ADDRESS OF COMPANY THAT UNDERWRITES THE  
POLICY**

**POLICY NUMBER**  
**EXPIRATION DATE OF POLICY**

**APPLICANT REGISTERED TO WORK IN ANY OTHER MUNICIPALITY  
REQUIRING LICENSE?**

**NAME OF MUNICIPALITY**

**HAS YOUR REGISTRATION BEEN REVOKED IN ANY OTHER MUNICIPALITY? IF SO  
PLEASE STATE NAME AND REASON FOR REVOCATION**

**SIGNATURE OF APPLICANT**

**SWORN AND SUBSCRIBED BEFORE ME THIS**

**DAY OF , 20**

**NOTARY PUBLIC**

**I HAVE ON RECEIVED AND EXAMINED THIS  
APPLICATION AND FIND SAME TO BE IN ACCORDANCE WITH THE BUILDING  
ORDINANCE OF THE BOROUGH OF NORTH ARLINGTON AND HEREBY ISSUED SUCH  
REGISTRATION.**

**CONSTRUCTION OFFICIAL**