

**CITY OF LAMBERTVILLE  
APPLICATION FOR  
COMMERCIAL CONTRACTOR REGISTRATION**

OFFICE USE ONLY	
REGISTRATION #:	
Date of Application:	
Date of Issuance:	
Expiration Date:	
Approval Date:	Initials:

**IMPORTANT, PLEASE READ!**

- *All registration number issued pursuant to this Ordinance shall expire one year from the date of issuance.*
- *The initial fee to register as a Commercial Contractor in the City of Lambertville shall be \$200.00. The renewal fee for all registrations shall be \$100.00.*
- *Each applicant shall be required to submit a certificate of insurance to the City Construction Office evidencing a current policy for workers compensation insurance and public liability insurance with a minimum liability of \$100,000/\$300,000.*
- *Approved registration placard shall be posted along side construction permit placard in the front of all worksites.*
- *Please note: Registration or licenses issued by the State exempts a contractor from local registration only for the type of work covered by that license or registration. For example: HIC must register with the City of Lambertville to do commercial work. Plumbers / Electricians must also register with the City of Lambertville to be the General Contractor on a commercial jobsite.*

New Application                     
  Name Change                     
  Re-Registration

**Business Entity (Check one of the following)**

Sole Proprietorship                     
  Partnership                     
  Corporation  
 LLC   
  LLP   
  JV

**CONTRACTOR'S INFORMATION**

Business Name:		
Business Location: (no PO Box)		
City	State	Zip
Business Mailing Address: (if different than above)		
City	State	Zip
Business Telephone:	E-Mail Address: (optional)	
Cell Phone #:	IRS Employer ID Number (EIN)	

18 York Street, Lambertville NJ 08530  
 Phone: (609) 397-0803 – Fax: (609) 397-2203  
 Email: [construction@lambertvillenj.org](mailto:construction@lambertvillenj.org)

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Type of Work Performed:
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**INSURANCE INFORMATION:**

**Liability Insurance:**

Company Name		
Company Address:		
City	State	Zip
Email Address		Phone Number

**Workers Compensation Insurance:**

Company Name		
Company Address:		
City	State	Zip
Email Address		Phone Number

\_\_\_\_\_  
Applicants Name      (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date