

**SOUTH LONDONDERRY TOWNSHIP
MUNICIPAL AUTHORITY
APPLICATION FOR REGISTRATION**

BUSINESS NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____

LIABILITY INSURANCE COMPANY: _____
LIABILITY INSURANCE POLICY #: _____
EXPIRATION DATE: _____
(A copy of this policy must be submitted with this application)

WORKMENS COMP COMPANY: _____
WORKMENS COMP POLICY #: _____
EXPIRATION DATE: _____
(A copy of the policy must also be submitted with this application)

Please List 3 Municipal References:

1. _____
2. _____
3. _____

OFFICE USE ONLY

Date Approved: _____ Signature: _____

Date Expires: _____ Title: _____

Application Fee: \$.0.00

COMMENTS: _____

