

Mayor  
MICHAEL G. MCGINTY

Deputy Mayor  
JOSEPH M. ANNARELLA

Trustees  
IRENE P. NAUDUS  
MATTHEW F. PACCIONE  
BARBARA A. VOLPE-RIED



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Village Clerk  
CONSTANCE L. CONROY

Corporation Counsel  
ANTHONY W. CORNACHIO

Treasurer  
MARISA A. DEJESUS

## **Home Improvement Contractors License Application Instructions**

### **Local Law 4 of 2014**

#### **Application Must Include the Following Requirements & \$150.00 Fee:**

- Application must be completed in its entirety and notarized.
- Photograph(s) of business owner(s) attached to page three.
- Certificate of Liability Insurance "ACCORD" certificate listing the Incorporated Village of Island Park as certificate holder. (See Page 2 for Insurance Coverage Requirements)

#### **If your business is:**

**Sole Proprietorship** - The application must include a Business Certificate from Nassau County Reflecting D/B/A for business name applied for. A photocopy may be submitted if it includes both letter and certificate.

**Partnership** - The application must include documentation of Articles of Partnership/Business Certificate stating partnership information.

**Corporation/LLC** - The application must include a Certificate of INC/LLC or letterhead/invoice embossed with the corporate/LLC seal stamp.

## **INSURANCE COVERAGE REQUIRED AS FOLLOWS:**

Contractor shall maintain at a ***minimum*** the following insurance coverages, giving evidence of same to the Inc. Village of Island Park, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M Best Rating of at least A-IX. All subcontractors must adhere to the same insurance requirements.

### **1. WORKER'S COMPENSATION AND NEW YORK STATE DISABILITY**

- Coverage Statutory
- Extensions Voluntary compensation  
All states coverage; Employers liability - unlimited
- Required Form for Workers Comp C105.2 (12/03) – certificate of NYS  
Workers Compensation Insurance Coverage  
-OR-  
If you are insured with the State Insurance Fund,  
form SI-26.3 – State insurance Fund Certificate  
of workers Compensation Insurance
- Required Form for NYS Disability DB120.1 – Certificate of Disability Benefits  
Insurance

If you do not maintain Worker's Compensation or NYS Disability due to a valid exemption, you must submit a Waiver (CE-200) from the NYS Worker's Compensation Board.

### **2. COMMERCIAL GENERAL LIABILITY**

Liability insurance limits in the amount of \$2,000,000 General Aggregate/ \$1,000,000 single limit bodily injury and property damage, including Full Contractual Liability and Aggregate limits per project.

- Additional Insured Inc. Village of Island Park and all appointed  
and elected officials, employees, and  
volunteers using ISQ form CG2012 or  
equivalent

### **3. AUTOMOBILE INSURANCE**

- Limits Minimum Limit - \$500,000 CSL
- Additional Insured Inc. Village of Island Park and all appointed  
and elected officials, employees, and  
volunteers

### **4. CONSUMER AFFAIRS LICENSE**

### **5. HOLD HARMLESS/ INDEMNIFICATION AGREEMENT**

The contractor shall indemnify and hold the Inc. Village of Island Park, its elected and appointed officials, employees and volunteers, harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permits holders/Licensee operations within the Inc. Village of Island Park including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

**Home Improvement Contractor**

**NEW LICENSE APPLICATION**

**Fee: \$150.00**

**PAYABLE TO:**

**Incorporated Village of Island Park**

**FOR DEPARTMENT USE ONLY**

Receipt No.: _____	Application Date: _____
Approved By: _____	Issue Date: _____
License No.: _____	Expiration Date: _____

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Contractor Name (Individual Applying for license): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

2. Is your Home Improvement Business A:

\_\_\_ Sole Proprietorship

\_\_\_ Partnership

\_\_\_ Corporation

3. Have you ever been licensed in the Village of Island Park under this or any other business name/number?

\_\_\_ No

\_\_\_ Yes

If yes, please list said business information:

Company Name: \_\_\_\_\_ License No.: \_\_\_\_\_

4. Within the last three (3) years, have you had an occupational license denied, suspended or revoked or had any filed complaints against individuals/officers of said business under present or former name?

No

Yes

If yes, please state the name of the business and in specific terms provide an explanation of the date, nature and disposition of said complaint.

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5. Have you ever been convicted of a crime or violation of law other than a traffic violation?

No

Yes

If yes, please explain:

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6. Please list two (2) references of recently completed work below:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

7. Please list two (2) trade references (where you purchase your trade materials) below:

Name of Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

8. Are there any liens or judgements on file in New York State against your business?

No

Yes

If yes, please list and briefly explain:

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**NOTE: False statements made herein are punishable as class "E" felonies pursuant to section 175.35 and section 210-45 of the Penal Law, State of New York.**



Additional Information Sheet

**THIS PORTION OF THE APPLICATION IS TO BE COMPLETED IF YOU HAVE HAD ONE OF THE FOLLOWING OCCURRENCES:**

- Licensed denied
- License revoked
- License suspended
- A complaint against your business
- Committed any crime or violation of law
- Have judgements against your business

1. Please list the business name and classification of license that was denied, suspended or revoked, and the date and reason for same.

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2. Was the license reinstated?

- No
- Yes – **IF YES, ATTACH A COPY OF THE REINSTATED CORRESPONDENCE.**

3. Please list any complaints that have been filed against your company under any present or former business name(s) in the last three (3) years. Clarify the nature and disposition of said complaint in a brief but detailed explanation.

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4. Please list and clarify the nature of any crimes or violations of the law relating to your business for which you have been charged and attach any disposition correspondence of same.

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5. Disputed judgements and/or complaints in negotiation are explained as follows:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\*Insurance cannot expire the same month application would go in front of Licensing Review Board.