Mayor MICHAEL G. MCGINTY

Deputy Mayor JOSEPH M. ANNARELLA

Trustees IRENE P. NAUDUS BARBARA A. VOLPE-RIED MICHAEL GAGLIARDI



Village Office 127 LONG BEACH ROAD ISLAND PARK, NEW YORK 11558 Tel: 431-0600 Fax: 431-0436 Village Clerk
CONSTANCE L. CONROY

Corporation Counsel SUSAN B. BOLAND

Deputy Corporation Counsel CHRISTIAN P. BROWNE

Treasurer MARISA A. SILVIO

Home Improvement Contractors License Application Instructions Local Law 4 of 2014

Application Must Include the Following Requirements & \$200.00 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:

<u>Sole Proprietorship</u> - 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.

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

<u>Corporation/LLC</u> – 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 <u>minimum</u> 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

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law the Contractor shall indemnify and hold harmless the Village, its elected and appointed officials, officers, agents and employees from and against and any and claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from performance of the Work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the Work itself), to the extent caused by the negligent acts or omissions of the Contractor, a Subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by the Village.

IN WITNESS WHEREOF, the undersigned has	duly executed this Agreement the day of, 2	201_
	Name of Firm	
	Address	
	Contractor's Signature	
	(Please Print Name and Title)	
Witness:		
Signature		
Date		
Print Name		

Home Improvement Contractor

NEW LICENSE APPLICATION Fee: \$200.00

PAYABLE TO: Incorporated Village of Island Park

FOR DEPARTMENT USE ONLY							
Receipt N	No.:		Application Date:				
Approve	d By:		Issue Date:				
License N	No.:		Expiration Date:				
		Amt. of Stickers:					
(Please take note that the fee includes two (2) stickers; any additional stickers will be \$10.00 per sticker							
		as per Local Law 14	of 2019)				
1.	Business Name:						
	Address:						
	City:	State:	Zip Code:				
	Telephone No.: ()		Fax No.:				
	Email Address:						
			Zip Code:				
	Telephone No.:		Fax No.:				
2.	Is your Home Improvement B	usiness A:					
	Sole Proprietorship						
	Partnership						
	Corporation						
3.	No	n the Village of Island I	Park under this or any other business name/number?				
	Yes						
	If yes, please list said business						
	Company Name:		License No:				

4. Within the last three (3)	Within the last three (3) years, have you had an occupational license denied, suspended or revoked or had				
any filed complaints again	any filed complaints against individuals/officers of said business under present or former name?				
No					
Yes					
If yes, please state the name of the disposition of said complaint.	e business and in specific terms provide an explanation	a of the date, nature and			
5. Have you ever been convNoYes	victed of a crime or violation of law other than a traffic	e violation?			
If yes, please explain:					
6. Please list two (2) referen	nces of recently completed work below: Phone No.:				
Address:	City:	State:			
Name:	Phone No.:				
Address:	City:	State:			
7. Please list two (2) trade 1	references (where you purchase your trade materials) b	pelow:			
Name of Company:	Phone No.:				
Address:	City:	State:			
Name of Company:					
Address:		State:			
8. Are there any liens or jude No Yes	dgements on file in New York State against your busin	ness?			
If yes, please list and briefly expla	ain:				

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.

State of New York} County of Nassau}	
I,, being duly sw	worn, depose and say:
I certify that all of the answers on this application are true and work performed as part of any contract negotiated by me or my Village of Island Park, Town of Hempstead and Nassau County	y agents will be done by only the holders of a valid
Signature of Applicant	Date
Sworn to me this	Attach Photograph Here
day of, 20	
Notary Public	

Subcontractors providing home improvement services are required to be licensed by the Village of Island Park.

Licensee is responsible for renewing said license number annually by completing and submitting a License Renewal Application.

In accordance with the New York State Penal Law Section 175.35: Offering a false instrument for filing, "first degree".

A person is guilty of offering a false instrument for filing in the first degree when, knowing that written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such or public office or public servant. Offering a false instrument for filing in the first degree is a Class "E" felony.

Additional Information Sheet

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

	Licensed denied			
П	License revoked License suspended A complaint against your business			
П	Committed any crime or violation of law			
П	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.			
2.	Was the license reinstated?			
	 □ No □ Yes - <u>IF YES, ATTACH A COPY OF THE REINSTATED CORRESPONDENCE.</u> 			
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.			
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.			
5.	Disputed judgements and/or complaints in negotiation are explained as follows:			
Sig	nature Date			
Sw	rorn to before me this day of, 20			
No	tary Public			

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