

Mayor
MICHAEL G. MCGINTY

Deputy Mayor
MATTHEW G. GRACI



Village Office
127 LONG BEACH ROAD
ISLAND PARK, NEW YORK 11558
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Trustees
IRENE P. NAUDUS
BARBARA A. VOLPE-RIED
ROBERT O. TICE

Village Clerk
CLAUDIA ARMENDINGER

Home Improvement Contractors License Application Instructions

Local Law 4 of 2014

Application Must Include the Following Requirements & \$225.00 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 unlicensed 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. (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
/ 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
Volunteers. |

4. CONSUMER AFFAIRS LICENSE

5. HOLD HARMLESS / INDEMNIFICATION AGREEMENT

Home Improvement Contractor

NEW LICENSE APPLICATION

Fee: \$225.00

PAYABLE TO: _____ Incorporated Village of Island Park

FOR DEPARTMENT USE ONLY

Receipt No. : _____ Application Date : _____

Approved By : _____ Issue Date : _____

License 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: _____

Contractor Name (Individual Applying for the 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 names / numbers?
____ 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.

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

☐ No

☐ Yes

If yes, please explain.

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 purchased 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.

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 sworn, depose and say:
Print Name

I certify that all of the answers on this application are true and correct. I also certify that all plumbing and electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Village of Island Park, Town of Hempstead and Nassau County Licenses, where applicable.

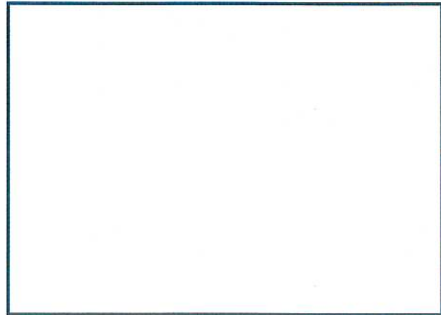
Signature of Applicant

Date

Sworn to me this
_____ day of _____, 20____

Attach Photograph Here

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 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
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 the same.

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.

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 the same.

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

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.

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 any and all 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 _____, 20 ____.

Name of Firm

Address

Contractor's Signature

(Please Print Name and Title)

Witness:

Signature

Date

Print Name