

Mayor
MICHAEL G. MCGINTY

Deputy Mayor
STEPHEN G. D'ESPOSITO

Trustees
JOSEPH M. ANNARELLA
IRENE P. NAUDUS
MATTHEW F. PACCIONE



Village Office
127 LONG BEACH ROAD
ISLAND PARK, NEW YORK 11558
Tel: 431-0600 • Fax: 431-0436

Village Clerk
CONSTANCE L. CONROY

Corporation Counsel
ANTHONY W. CORNACHIO

Treasurer
MARISA 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.

I. WORKER'S COMPENSATION AND NYS 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 Workers Compensation or NYS Disability due to a valid exemption, you must submit a Waiver (CE-200) from the NYS Workers Compensation Board.

II. 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 ISO form CG2012 or equivalent
--------------------	---

III. AUTOMOBILE INSURANCE

Limits	Minimum Limit - \$500,000 CSL
--------	-------------------------------

Additional Insured	Inc. Village of Island Park and all appointed and elected officials, employees and volunteers
--------------------	---

IV. 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 \$~~100.00~~^{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.: (_____) _____
Email address: _____ Fax Number: _____

Contractor Name (Individual applying for license): _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone 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.

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# _____

Address: _____ City: _____ State: _____

Name: _____ Phone# _____

Address: _____ City: _____ State: _____

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

Name of Company: _____ Phone# _____

Address: _____ City: _____ State: _____

Name of Company: _____ Phone# _____

Address: _____ City: _____ State: _____

8. Are there any liens or judgments on file in New York State against your business? ___ No ___ Yes
If yes, please list and briefly explain below:

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:

- License 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.

2. Was the license reinstated?

- No
- Yes – IF YES, ATTACH A COPY OF THE REINSTATEMENT 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 same.

5. Disputed judgments 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 the Licensing Review Board