

Mayor  
MICHAEL G. MCGINTY

Deputy Mayor  
JOSEPH M. ANNARELLA

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



Village Clerk  
CONSTANCE L. CONROY

Corporation Counsel  
SUSAN B. BOLAND

Deputy Corporation Counsel  
CHRISTIAN P. BROWNE

Treasurer  
MARISA A. DEJESUS

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

## **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.



**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 \_\_\_\_\_, 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: \$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.