

T O W N O F E A S T H A M P T O N
BUILDING DEPARTMENT
300 Pantigo Place (Suite 104), East Hampton, N. Y., 11937
PHONE: (631) 324-4145

A P P L I C A T I O N
FOR LICENSE OF HOME IMPROVEMENT CONTRACTORS
Chapter 156 (Home Improvement Contractors) of the Town Code

A P P L I C A N T:

BUSINESS NAME: _____

PRINCIPAL OWNER: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHYSICAL RESIDENCE/BUSINESS: _____
ADDRESS (If Different than Above).

TELEPHONE NUMBER: _____

T Y P E O F O R G A N I Z A T I O N:

Individual [] Partnership [] Corporation []

I N S U R A N C E: Certificate of Insurance is attached. (See Section 16 of Chapter 156, Home Improvement Contractors) (See reverse side for information).

E X P E R I E N C E:

_____ Years experience in subject occupation or business.

_____ Years at present location.

_____ Full-Time _____ Part-Time present employment in subject Occupation or Business.

State other Business Addresses or Names or Occupations during past Five (5) Years: _____

Names of Partners, Employees and Salesmen: _____

Has Applicant, or any Partner, Officer or Director of Applicant ever:

- (a) been convicted of a crime. [] Yes [] No
- (b) filed or been adjudicated bankrupt. [] Yes [] No
- (c) made an assignment for the benefit of Creditors. [] Yes [] No
- (d) been denied an occupational or home improvement contractors license or had such license suspended, revoked or restricted. [] Yes [] No

Explain any "YES" Answers: _____

IF RENEWING, PREVIOUS TOWN LICENSE #: _____
FIVE HOURS OF EDUCATION ARE REQUIRED ANNUALLY FOR CONTRACTOR RENEWAL.

F E E S U B M I T T E D: \$100 (FOR INITIAL APPLICATION); \$50 (RENEWAL); \$100.00 (RENEWALS OLDER THEN 90 DAYS)

[] CASH [] CHECK NO. _____ AMOUNT SUBMITTED: _____

D A T E D: _____

Applicant: _____

(PRINT NAME)

Signature: _____

