

Department of Land Management  
Licensing Review Board  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

Phone: (631) 702-1826  
Fax: (631) 287-5754



JAY SCHNEIDERMAN  
T O W N S U P E R V I S O R

JANICE SCHERER  
TOWN PLANNING AND  
DEVELOPMENT ADMINISTRATOR

ANTHONY D'ITALIA  
CHAIRMAN

**Home Improvement Contractors License Renewal Application**

**APPLICATIONS MUST INCLUDE THE FOLLOWING REQUIREMENTS OR THEY WILL BE RETURNED TO THE APPLICANT AS INCOMPLETE.**

- ✘ Application must be completed, single sided, in its entirety (Please print clearly - no faxes will be accepted)
- ✘ Attach copy or copies of **CURRENT Vehicle Registrations** Vehicle stickers will not be created for expired vehicle registrations. (Six (6) per page – No window decals)
- ✘ Attach the required processing fee made payable to the **Town of Southampton**:  
Early Renewal: One hundred-fifty (\$150) dollars before licensee’s 24-month period expires  
Late Renewal: One hundred-seventy-five (\$175) dollars after licensee’s 24-month period expires
- ✘ Attach a **Certificate of Liability Insurance** listing the Town of Southampton & address as the Certificate Holder. Said Certificate shall contain a statement that in the event the insurance policy is cancelled, not renewed, lapses or is changed, no less than fifteen (15) days prior written notification shall be given to the Licensing Review Board.
- ✘ Complete and attach - [Open Government Disclosure Form](#)

ATTACH - a Certificate of Liability Insurance “ACORD” certificate listing the Town of Southampton as Certificate Holder. Said Certificate shall contain a statement that in the event the insurance policy is cancelled (not renewed), lapses or is changed, at least fifteen (15) days prior written notification shall be given to the Licensing Review Board.

**Bodily Injury \$100,000.00 per person, \$300,000.00 per occurrence, Property Damage \$50,000.00 each occurrence and aggregate.**  
**Insurance Description: A description of policy coverage, located in the appropriate area on the Certificate of Liability Insurance, is required.**  
**\*Ask your insurance carrier for details.**

WORKER’S COMPENSATION.INSURANCE COVERAGE REQUIRED AS FOLLOWS:

**Workers Compensation FORM: U26.3 or C105.2**  
In accordance with New York State regulations, Workers Compensation is required if you employ one or more persons. Incorporated businesses without Workers Compensation may be eligible for an exemption: Please visit: [www.wcb.state.ny.us](http://www.wcb.state.ny.us) for a CE-200 exemption form print-out and more information from New York State.  
Certificate holder will be listed as: **Town of Southampton, 116 Hampton Road, Southampton, NY 11968**  
**\* Notarized letter from Contractor attesting you will get Worker’s Compensation when hiring workers.**

**Home Improvement Contractor**  
**LICENSE RENEWAL Application**      **FEE \$150.00 Early Renewal**  
**\$175.00 Late Renewal**

FOR DEPARTMENT USE ONLY		
Application Date _____	Issue Date _____	Expiration Date _____

**1. License #:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*NOTE: You will no longer receive renewal notifications if you do not provide the Town with an E-mail address.**

**2. Contractor Name (individual applying for license):** \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_

**3. Have you ever been licensed in Southampton Town under another license name/number?**     No     Yes

If yes, please list: Company Name \_\_\_\_\_ License #: \_\_\_\_\_

\*Check the appropriate boxes below. If the answer is "YES" to questions 1-8, please give a brief but detailed description on a separate sheet & attach to application.

SINCE YOUR LAST LICENSE WAS ISSUED/RENEWED:	YES	NO
1. Has your business name changed? (If yes, attach required documents)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been any changes in address or phone # of home or business?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have there been any changes in partners/corporate officers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any changes in business bank account information?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had an occupational license denied, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any complaints been filed against you or officers of your business?	<input type="checkbox"/>	<input type="checkbox"/>
7. Other than a traffic violation, have you been convicted of a crime or violation of law?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any liens or judgments on file in N.Y. State against your business?	<input type="checkbox"/>	<input type="checkbox"/>

State of New York }  
 County of Suffolk }

I, \_\_\_\_\_, being duly sworn, depose and say:  
 PRINT YOUR NAME HERE

I certify that all of the answers on this renewal form are true and correct; that all Plumbing and Electrical work performed as part of any contract negotiated by my agents or me will be done by only the holders of a valid Suffolk County License, where applicable; that I will submit to the Southampton Town Licensing Review Board documentation of any changes to said business; and that the required General Liability Insurance & NYS Workers Comp Certificates (where applicable) for my business are presently in effect and will remain so until my license is terminated.

\_\_\_\_\_  
 Signature of **Applicant**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of **Partner**

\_\_\_\_\_  
 Date

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.      Notary Public \_\_\_\_\_

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TOWN PLANNING AND  
DEVELOPMENT ADMINISTRATOR

**ANTHONY D'ITALIA**  
CHAIRMAN

## VEHICLE STICKER APPLICATION

### HOME IMPROVEMENT/PLUMBING CONTRACTORS

Business Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Town of Southampton Home Improvement Contractor License Number: \_\_\_\_\_

**OR**

Town of Southampton Registration Certificate Number (Plumbing Contractors) \_\_\_\_\_

Please list all vehicles used and/or associated with your business:

**COPY(IES) OF REGISTRATION(S) MUST BE SUBMITTED WITH YOUR REQUEST.**

*\*\* APPLICATIONS WITHOUT REQUIRED PAPERWORK WILL BE RETURNED AS INCOMPLETE.*

Vehicle Identification Number

License Plate Number

\_\_\_\_\_  
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# TOWN OF SOUTHAMPTON

## DEPARTMENT OF LAND MANAGEMENT

116 Hampton Road  
Southampton, NY 11968  
631-283-6000

[www.southamptontownny.gov](http://www.southamptontownny.gov)



**JAY SCHNEIDERMAN**  
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## Open Government Disclosure Form

(Zoning Board of Appeals, Planning Board, Conservation Board, all other Land Management Review)

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

\_\_\_\_\_, being duly sworn, deposes and says:

Print Name

I am the owner and/or applicant for a project that is the subject of a pending application before the Southampton (Check one)

Zoning Board of Appeals,  Planning Board,  Conservation Board **all other**  Land Management Review.

I make this affidavit under penalty and swear to the truth herein. I am aware that this affidavit is required by General Municipal Law §809 and Southampton Town Code [Chapter 23](#) and that I shall be guilty of a misdemeanor should I knowingly or intentionally fail to make all disclosures herein. I am also aware that I may be subject to the penalties in Southampton Town Code [§23-14](#) should I knowingly or intentionally fail to make all disclosures herein.

1. The application name is: \_\_\_\_\_

2. I reside at \_\_\_\_\_

3. The officers of the applicant corporation/owner corporation are as follows:

Pres. \_\_\_\_\_ Sec. \_\_\_\_\_

Vice Pres. \_\_\_\_\_ Treas. \_\_\_\_\_

4. Do any of the following individuals have an interest in the owner or applicant (as defined on page iii, note "A")?

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| A. Any official of New York State  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Any elected or appointed official or employee of Southampton Town or Suffolk County | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to Question 4 is YES, General Municipal Law §809 and Town Code [Chapter 23](#) require that you disclose the name and the nature and event of the interest of said individual(s) in the owner or applicant.

<u>Name</u>	<u>Residence</u>	<u>Nature of Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. During the 24 months before the filing of this application, have any of the following individuals made campaign contributions exceeding \$500 in total, in cash or in kind, to the campaign for public office of any Town officer or employee, to any individual campaign committee, or to any political party committee designated to accept donations on such Town official's or employee's behalf as a candidate for public office?

	<u>Yes</u>	<u>No</u>
1. Owner	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
3. Agent for owner or applicant	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorney	<input type="checkbox"/>	<input type="checkbox"/>
5. Other	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to Question 5 is yes, Town Code Chapter 23 requires that the information be provided below:

<u>Name/Address</u>	<u>Amount/Date</u>	<u>Name of Campaign Committee</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. During the preceding 24 months before the filing of this application, have any of the following individuals employed any Town officer or employee or a relative thereof involving compensation in an amount of \$500 or more? Said compensation may be directly made, or indirectly made through a corporation or business interest held by any Town officer or employee or their relative.

	<u>Yes</u>	<u>No</u>
1. Owner	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
3. Agent for owner or applicant	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorney	<input type="checkbox"/>	<input type="checkbox"/>
5. Other	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to Question 6 is yes, Town Code [Chapter 23](#) requires that the information be provided below:

<u>Name</u>	<u>Position</u> (Owner, Agent, Attorney, Other)	<u>Corporation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**READ AND CHECK BOX**

**False statements made herein are punishable as a class "A" Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.**

A. For the purposes of this disclosure, an official of the State of New York or an elected or appointed official or employee of the Town of Southampton shall be deemed to have an interest in the owner and/or applicant when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them is:

- a. the owner or applicant; or
- b. an officer, director, partner, or employee of the applicant or owner; or
- c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
- d. Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes of this disclosure.

**Submitted by** (please print): \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_