

TOWN OF SOUTHAMPTON

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



**JANICE SCHERER
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR**

Phone: (631) 702-1826

**JAY SCHNEIDERMAN
TOWN SUPERVISOR**

**ANTHONY D'ITALIA, JR.
CHAIRMAN**

Plumber Contractor Two-Year Registration Certificate Application

NEW Application

FEE \$250.00

Payable to Town of Southampton

***PLEASE NOTE: APPLICATIONS THAT DO NOT MEET THE FOLLOWING REQUIREMENTS WILL BE RETURNED TO THE APPLICANT AS INCOMPLETE.**

- ✘ APPLICATION** must be completed, single sided, in its entirety and notarized signature.
(Please Print Clearly – No faxes will be accepted)
- ✘ COPY of Suffolk County License – (Card Only)**
Suffolk County Executive’s Office of Consumers Affairs license identification card)
- ✘ 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)
- ✘ COMPLETE AND ATTACH - [Open Government Disclosure Form](#)**

FOR DEPARTMENT USE ONLY

Receipt No.	Application	Certificate No

Business Name: _____

Business Address: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Email address: _____

Contractor Name (Individual applying): _____

Address: _____

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 Email Address**

1. Please list your Suffolk County License Number and date of expiration

License # : _____

Expiration date _____

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

Vehicle Identification Number

License Plate Number

Note: False statements made herein are punishable as class "A" misdemeanor pursuant to section 210-45 of the Penal Law of the State of New York.

State of New York }
County of Suffolk }

I, _____, being duly sworn, depose and say:
Print name

I certify that all of the answers on this application are true and correct.

Signature of Applicant

Date

Sworn to me this

_____ day of _____, 20_____.

Notary Public

All applications are to be reviewed at the regularly scheduled meetings of the Licensing Review Board held on the second Wednesday of each month. Applications are to be received by last day in month prior to said meeting. Any applications received after that time will be held until the following scheduled meeting. Registration numbers are valid for 24 months from date that it went in front of the Board. Applicant is responsible for renewing said registration number every 24 months by completing and submitting a Plumber Contractor Registration Certificate Application to the Licensing Review Board for review.

TOWN OF SOUTHAMPTON

ANTHONY D'ITALIA
CHAIRMAN

Department of Land Management
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JAY SCHNEIDERMAN
TOWN SUPERVISOR

HOME IMPROVEMENT/PLUMBING/ELECTRICAL CONTRACTORS

Vehicle Sticker Application

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email address: _____

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

Town of Southampton Home Improvement Contractor License No.: _____

OR Town of Southampton Registration Certificate No. (Plumbing/Electrical 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 necessary paperwork will be returned as incomplete.*

Vehicle Identification Number

License Plate Number
