

TOWN OF SOUTHAMPTON

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



JAY SCHNEIDERMAN
TOWN SUPERVISOR

KYLE COLLINS
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

ANTHONY D'ITALIA
CHAIRMAN

Two-Year Home Improvement Contractors License Application Instructions
Application Must Include the Following Requirements & \$200.00 Fee:

** NOTE: You will not receive renewal notification if you do not provide the Town with an E-mail address.*

- APPLICATION** must be completed in its entirety and notarized signature
(no faxes will be accepted)
- ATTACH** a copy or copies of Vehicle Registrations.
- GOVERNMENT-ISSUED PHOTO ID**
In addition to the passport picture on page 4 an individual photo copy of a valid Photo ID must be submitted (ex. Driver's licenses, identity cards or a passport)
- COMPLETE AND ATTACH - [Open Government Disclosure Form](#)**
- IF YOUR BUSINESS IS A:**
- Sole Proprietorship** –include a Business Certificate from Suffolk County Reflecting D/B/A for business name applied for. A photocopy may be submitted if it includes both letter and certificate;
 - Partnership** – include documentation of Articles of Partnership/Business Certificate stating partnership information;
 - Corporation/LLC** – include a Certificate of INC/LLC or Article of Organization, with Receipt from State, or letterhead/invoice embossed with the corporate/LLC seal stamp.
- 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 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
NEW LICENSE APPLICATION
FEE \$200.00 Payable to: Town of Southampton

FOR DEPARTMENT USE ONLY

Receipt No.	Application	Certificate No

1. Business Name: _____

Physical Address: _____ City: _____

Mailing Address (if different than above): _____

State: _____ Zip Code: _____ Telephone No.: _____

Email address: _____

***NOTE: You will not receive renewal notifications if you do not provide the Town with an EMAIL address.**

Contractor Name (Individual applying for license): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No.: _____

2. What type of business are you seeking a license for? _____
 (Note: Provide proof of New York State D.E.C. Certification if your business uses chemicals such as landscape, fumigation)

3. Is your Home Improvement Business a:

Sole Proprietorship Corporation Partnership LLC

4. If your business is a Partnership, please list all partners:

5. If your business is a Corporation, please list all officers:

President _____ Vice President _____
 Secretary _____ Treasurer _____

6. Have you ever been licensed in the Town of Southampton under this or any other business name/number? No Yes

If yes, please list said business information.

Company Name _____ License No. _____

7. Have you been self-employed during the last five (5) years? Yes No

If NO, please list the two most recent employers:

1. Name: _____ Address: _____
City: _____ State: _____ Telephone No.: _____

2. Name: _____ Address: _____
City: _____ State: _____ Telephone No.: _____

8. 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 on the reverse side of application marked additional information sheet.

9. Have you ever been convicted of a crime or violation of law other than a traffic violation? No Yes

* If yes, please complete the reverse side of application marked additional information sheet.

10. Must list Business Bank Account information below:

Title of Account and Name of Bank: _____
Address: _____ City: _____ State: _____

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

Name of Trade Company: _____ Acct Type: _____
Address: _____ City: _____ State: _____

Name of Trade Company: _____ Acct Type: _____
Address: _____ City: _____ State: _____

12. Are there any liens or judgments on file in New York State against you or your business?

No Yes

If yes, please list and briefly explain below:

