

## 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  
Fax: (631) 287-5754

JAY SCHNEIDERMAN  
TOWN SUPERVISOR

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, single sided, in its entirety and notarized signature  
(Please Print Clearly - No faxes will be accepted)
- ATTACH** a copy or copies of Vehicle Registrations. (Six (6) per page – no window decals)
- 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, NY 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.

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## 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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**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. I **have had** the following occurrences mentioned below.

(Check all that applies and answer questions A-E)

- License denied.
- License suspended.
- Committed any crime or violation of law.
- License revoked.
- A complaint against yourself or your business.
- Have/Had judgment(s) against yourself or your business.

I **have never** had any of the above occurrences

A. Please list the business name and classification of license that was denied, suspended or revoked and the date and reason for same.

\_\_\_\_\_  
\_\_\_\_\_

B. Was the license reinstated?

- No
- Yes – IF YES, ATTACH A COPY OF THE REINSTATEMENT CORRESPONDENCE.

C. Please list any complaints that have been filed against you or 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.

\_\_\_\_\_  
\_\_\_\_\_

D. 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.

\_\_\_\_\_  
\_\_\_\_\_

E. Disputed judgments and/or complaints in negotiation are explained as follows:

\_\_\_\_\_  
\_\_\_\_\_

**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.**

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. I also certify that all Plumbing and Electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Suffolk County License, where applicable.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Partner Date

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

\_\_\_\_\_  
Notary Public

