

## **CONTRACTOR'S LICENSE RENEWAL**

**ALL CONTRACTORS** who work within the Town of Tonawanda must have a Contractors License issued by the Town of Tonawanda Building Department. This License must be renewed yearly. (License valid January 1<sup>st</sup> – December 31<sup>st</sup>)

Please remit to the Building Department (address above), a completed application along with the **non-refundable application fee** of One Hundred Dollars (\$100), **check or money order only**, made payable to the **Town of Tonawanda**. Along with the fee and application, you will need to provide satisfactory evidence of insurance as follows:

**Certificate of Insurance** Evidencing bodily injury and property damage liability in the amount of \$ 1,000,000 ( one million) combined single limit.

**The Town of Tonawanda must be named as a Certificate Holder.**

The required **Workers' Compensation** form:

**U-26.3** – Workers' Compensation provided by the State Insurance Fund.

**-OR-**

**C-105.2** – Workers' Compensation provided by your private agency.

**-OR-**

**SI-12** – Workers' Compensation provided by the Self-Insurance Office.

**-OR-**

**WC/DB-100 (12-03)** – **“Waiver”** provided by the Workers' Compensation Board.

The required **Disability** form:

**DB-120.1** – Disability provided by your private agency.

**-OR-**

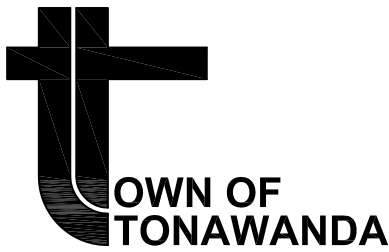
**WC/DB-100 (12-03)** – Disability **“Waiver”** provided by the Workers' Compensation Board.

If you have any questions regarding these forms please call the Workers' Compensation Board at (866)211-0645 or your insurance carrier.

**All insurance certificates are due at time of application, incomplete applications will be returned to you.** If you have any questions regarding this notice please contact Sue, at 877-8801.

Very Truly Yours,

Michael P. Hazen  
Supervising Building Inspector



# BUILDING DEPARTMENT

525 Belmont Avenue, Buffalo, New York 14223, (716) 877-8801, FAX 871-8845

## APPLICATION FOR CONTRACTORS LICENSE

**Application Date:** \_\_\_\_\_

|  |                         |                             |  |
|--|-------------------------|-----------------------------|--|
| <b>Applicant Name:</b>   |                         | _____                       |  |
| <b>Applicant Address:</b>  |                         | _____                       |  |
| <b>Home Phone:</b>   |                         | <b>Cell Phone:</b>          |  |
| <b>Business Name:</b>  |                         | _____                       |  |
| <b>Contact Person:</b>   |                         | <b>Drivers License #:</b>   |  |
| <b>Business Address:</b>   |                         | _____                       |  |
| <b>Business Phone:</b>   |                         | _____                       |  |
| <b>Years in Business:</b>  |                         | <b>Number of Employees:</b> |  |
| <b>If Partnership or Corporation, List all Partners or Corporate Officers:</b>   |                         |                             |  |
| <small>Name:</small>   | <small>Address:</small> | <small>Phone #:</small>     |  |
| _____  | _____                   | _____                       |  |
| _____  | _____                   | _____                       |  |
| _____  | _____                   | _____                       |  |
| <b>Insurance Agent Name &amp; Phone #:</b>   |                         |                             |  |
| _____  |                         |                             |  |
| <b>Name of Financial Institution Used for Escrow Account for Customers:</b>  |                         |                             |  |
| _____  |                         |                             |  |
| <b>Check Type of Contractor (check all that apply):</b>  |                         |                             |  |
| <input type="checkbox"/> General <input type="checkbox"/> Home Improvement <input type="checkbox"/> Interior Remodeling <input type="checkbox"/> Exterior Remodeling<br><input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Gutters <input type="checkbox"/> Insulation <input type="checkbox"/> Drainage<br><input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Blacktop Sealing <input type="checkbox"/> Masonry <input type="checkbox"/> HVAC <input type="checkbox"/> Chimney<br><input type="checkbox"/> Fences <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Demolition<br><input type="checkbox"/> Other (please specify) _____ |                         |                             |  |

**Applicant hereby affirms to the laws and ordinances of the Town of Tonawanda, the rules and regulations of the State of New York now existing or which may hereafter be adopted; and subject to such rules and regulations relating to all contractors which have been or may hereafter be adopted and prescribed by the Town of Tonawanda.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Annual Fee: \$100.00 (non-refundable)  
 Check or Money Order Only, Payable to the: Town of Tonawanda  
**Insurance Certificates Are Due At The Time Of Submittal And Must Be Current. Applications Submitted Without Proper Insurance Forms Are Incomplete And Will Be Returned.**  
**Incomplete License Contractors Applications will not be approved.**