

**VILLAGE OF LIVERPOOL**

310 Sycamore Street, Liverpool, NY 13088

(315) 457-3441, Ext. 4 / Fax: (315) 457-5119

**CONTRACTOR'S LICENSE APPLICATION**

Name of individual or firm under which the business will be conducted.

\_\_\_\_\_

Business address (street, city, state & zip)

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Name of individuals, partners, or corporate officers & home address (use reverse side if more space is needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any person listed above ever been denied a contractor's license in the Village of Liverpool? \_\_\_\_\_ If yes, give name and reason for denial:

\_\_\_\_\_

Has any person listed above ever had any license revoked by the Village of Liverpool? \_\_\_\_\_ If yes, give reason:

\_\_\_\_\_

The applicant states that he/she has read and understands the requirements applicable to contractors found in Village of Liverpool Code Sections 156 - Building Construction, 163 - Contractor Licensing, 327 - Streets and Sidewalks, and 380 - Zoning.

This application must be accompanied by:

- License fee of \$10.00 payable to the Village of Liverpool.
- A certificate of insurance showing compliance with the New York State Worker's Compensation and Disability laws
- Contractor's Liability Insurance in the amount of a minimum \$100,000. The certificate must list the Village of Liverpool, 310 Sycamore Street, Liverpool, New York as an additional insured.

Applicant affirms under the penalty of perjury that all statements in this application are true to the best of their knowledge and belief.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<b>Action of Code Enforcement Office:</b>		
Approved By: _____	Date: _____	Applicant Notified: _____
Denied By: _____	Date: _____	Applicant Notified: _____
Reason Denied: _____		