

LICENSE NO: \_\_\_\_\_

LICENSE FEE: \_\_\_\_\_ \$300.00

DATE PAID: \_\_\_\_\_

# HOME IMPROVEMENT

RECEIPT NO: \_\_\_\_\_



**City of Long Beach**  
Office of the City Clerk  
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002



## APPLICATION FOR MERCANTILE LICENSE - HOME IMPROVEMENT CONTRACTOR

**CHECK ONE:**  **NEW APPLICATION**  **RENEWAL**

**PLEASE PRINT**

DATE: \_\_\_\_\_

**STATE OF NEW YORK)**  
**COUNTY OF NASSAU) SS**

**I SOLEMNLY SWEAR TO THE TRUTH OF THE FOLLOWING STATEMENTS:**

Trade Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type Of Business: \_\_\_\_\_

Please list owner(s) name / corporate officers below:

NAME	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	TITLE	TEL #

Have any of the above been convicted of a crime? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are there any facts which differ from the information given last year? \_\_\_\_\_ If so, state \_\_\_\_\_

**BE SURE TO INCLUDE WITH THIS APPLICATION:**

- Copy of Certificate of General Liability Insurance in the amount of \$500,000. The City of Long Beach is to be listed as the "Certificate Holder".
- Copy of Certificate of Workers' Compensation Insurance (C-105.2 or U-26.3 form) or a Certificate of Attestation of Exemption (Form CE-200) and Compliance with the Disability Benefits Law.
- Copy of current Nassau County License issued by the Department of Consumer Affairs.
- A list of five (5) recent jobs which should include NAME, ADDRESS, TYPE OF WORK PERFORMED and APPROXIMATE COST (New Applicants Only).
- A check or money order for \$300.00 made payable to *City of Long Beach*. Cash, Visa or MasterCard accepted in person only.

**THIS IS A 2-SIDED FORM. PLEASE COMPLETE BOTH SIDES.**

In consideration of being granted the license applied for, I hereby agree to comply with all the rules and regulations of the Police Department, the laws of the City of Long Beach, State of New York, and other proper authorities. I also understand that any violation of said rules and regulations or laws may result in the suspension or revocation of license.

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY

TRADE NAME \_\_\_\_\_

OF \_\_\_\_\_, 20\_\_\_\_\_

PRINT NAME and TITLE \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE

