



DEPARTMENT OF CODE ENFORCEMENT

CITY OF NIAGARA FALLS, NEW YORK

**APPLICATION FOR
HOME IMPROVEMENT REGISTRATION CERTIFICATE**

Date: _____

I, _____, hereby apply to the Director of Code Enforcement of the City of Niagara Falls, New York, for a Registration Certificate, pursuant to Chapter 340 of the Codified Ordinances of the City of Niagara Falls, New York, to engage in all repairs, remodeling, alterations, conversions, modernization, improvement or additions to residential property which shall include, but not be limited to additions, awnings, basements, bathrooms, cabinetry, carpentry, decks, driveways, fencing, insulation, kitchens, masonry, pools, roofing, roof drainage systems (gutters and downspouts), siding, storm windows and screens, and other home improvements.

As a basis of issuance of Registration Certificate to:

Applicant's Name

Business Address

City or Town

State

Zip

Phone No.

Fax No.

E-Mail Address

(1) Name Of Individual (or Partners) Other Than Corporation:

Name

Residence

Business Address

Zip

Name

Residence

Business Address

Zip

Name

Residence

Business Address

Zip

- (2) If applicant is a Corporation, please fill in information requested below:

Corporation/Full Name	Date Incorporated
Name/Principal Officers	Address
_____	_____
_____	_____
_____	_____

{Corporate applicant must provide evidence of continued corporate existence, e.g. receipt of payment of franchise tax, etc.}

- (3) Number of years applicant has been in business: _____

- (4) Specific type of Registration Certificate required:

Insulation { } Roofing { } Siding { }

Swimming Pools { } Decks { } General Contractor { }

General Carpentry { } Awnings { } Gutters & Downspouts { }

Storms & Screens { } Fences { } Floor Covering { }

Other: _____

- (5) Number of persons to be employed by Applicant, including Applicant if an individual: _____

- (6) Proof of compensation covering employees and Disability Insurance, General Liability, Personal Injury and Property Damage Insurance. Attached hereto and forming a part of the Application herein, are Certificates of Insurance specifying the following insurance coverages:

{ } Workmen's Compensation Insurance

{ } Disability Insurance

{ } General Comprehensive Liability

Minimum amount of coverage required:

{a} Personal Injury {\$100,000 minimum}

{b} Property Damage (\$25,000)

(7) Was the Applicant, as either a Member, Partner, Officer, Stockholder, or Employee, ever engaged in a Home Improvement Business under another name or for another person:
Yes { } No { }

(a) Name of Firm or Person: _____

(b) Reason for Leaving: _____

(8) Any liens or judgements against Applicant for any Corporation of which Applicant was an Officer, Employee or Shareholder, arising from Home Improvement or construction related litigations:
Yes{ } No{ }

If yes, list lien or judgment creditor, amount, date and place of filing of lien or judgement:

(9) Is Applicant licensed or registered in other municipalities?
Yes { } No { }

If yes, list municipalities where licensed or registered.

Has license or registration been denied, suspended or revoked?
Yes { } No { }

If yes, give date and reason for such denial, suspension or revocation:

(10) Was the applicant or any member, partner, officer or stockholder therefore ever convicted of a crime? Yes{ } No{ }

If yes, convicted of what crime? _____

What Court and Jurisdiction? _____

When? _____

11) List references including address and telephone numbers.

- 1. _____

- 2. _____

- 3. _____

I certify the above information, to the best of my belief and knowledge is true and correct and I fully understand that any willful false statements made on such application will automatically cause revocation of the Registration Certificate, fine or both.

Signature of Applicant

Subscribed and Sworn to Before Me
this ___ day of _____ 20

Notary Public/Commissioner of Deeds

The following documents must be submitted with this application:

Certificate of Incorporation { } Partnership Agreements{ }
Business Certificate (D.B.A.){ } _____{ }

Certificate of Insurance showing :Statutory Coverage(including Workers' Compensation)

Copy of your legal contract pursuant to New York State Business Law.

