



DEPARTMENT OF CODE ENFORCEMENT

CITY OF NIAGARA FALLS, NEW YORK

**APPLICATION FOR
MECHANICAL CONTRACTORS REGISTRATION CERTIFICATE**

Application No. _____

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 1111.13 of the Codified Ordinances of the City of Niagara Falls, New York, to engage in the installation, alteration, extension, replacement, repair or maintenance of any appliance, device or apparatus, including any attachments or ventilating, cooling steam and hot water heating, water heaters, process piping, boilers and pressure vessels, appliances using gas, liquid or solid fuel, chimneys and vents, mechanical refrigeration, fireplaces, barbecues, incinerators, air pollution and fire protection systems.

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:

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Corporation/Full Name	Date Incorporated
<hr/>	
Name/Principal Officers	Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

{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:

(5) Give the approximate or average number or persons to be employed by the 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:

The minimum General Liability shall be \$100,000, single limit each occurrence and \$300,000 aggregate bodily injury and property damage. Such policy shall name the City of Niagara Falls as an additional party insured and shall not be cancelled unless thirty (30) days prior written notice has been given to the City of such cancellation.

(7) Was the Applicant, as either a Member, Partner, Officer, Stockholder, or Employee, ever engaged in a mechanical business under another name or for another person:

Yes { } No { }

If you answered yes above, please answer:

(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 drain or sewer cleaning 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? _____

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