

# CITY OF TONAWANDA

BUILDING INSPECTOR'S OFFICE

200 NIAGARA STREET

TONAWANDA, NEW YORK 14150-1099

Phone: 716.695.1806 Fax: 716.743.8870

email:bldginsp@tonawandacity.com

(Office use only)

License No. \_\_\_\_\_

**FEE: \$100.00 YEARLY**

**MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER**

**ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR**

## APPLICATION FOR CONTRACTOR'S LICENSE

Name of Concern or Corp: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (Incl. Area Code) \_\_\_\_\_ No. of years in business \_\_\_\_\_

Approximate No. of Employees \_\_\_\_\_ Email: \_\_\_\_\_

Name of Principal owner(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

Home Phone (Incl. Area Code) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Required insurance coverage in order to apply for the License:

\$300,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

**PLEASE MAKE SURE ALL REQUIRED INSURANCE FORMS ARE INCLUDED WITH YOUR APPLICATION AND CHECK. IF NOT, YOUR APPLICATION AND CHECK WILL BE RETURNED.**

**\*\*CERTIFICATE OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA\*\***

**Check appropriate types of contractor:**

\_\_\_\_ New Home-General Contractor

\_\_\_\_ Home Improvement-Additions, Dormers Etc.

\_\_\_\_ Interior Remodeling

\_\_\_\_ Exterior Remodeling/Siding

\_\_\_\_ Roofing or Gutters

\_\_\_\_ Electrical

\_\_\_\_ Dry Wall

\_\_\_\_ Garage

\_\_\_\_ Sub Contractor

\_\_\_\_ Concrete

\_\_\_\_ Blacktop or Concrete Driveway

\_\_\_\_ Heating & Air conditioning

\_\_\_\_ Fence Contractor

\_\_\_\_ Swimming Pool Installer

\_\_\_\_ Other

\_\_\_\_  
**Signature of Applicant**

\_\_\_\_  
**Title**

\_\_\_\_  
**Date**

\_\_\_\_\_  
*(Please Print Name of Applicant)*