

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)