

T O W N O F E A S T H A M P T O N  
TOWN CLERK'S OFFICE  
159 Pantigo Road, East Hampton, NY 11937  
PHONE: (631) 324-4142

A P P L I C A T I O N - T W O Y E A R L I C E N S E  
FOR LICENSE OF HOME IMPROVEMENT CONTRACTORS (NEW & RENEWAL)  
Chapter 156 (Home Improvement Contractors) of the Town Code

A P P L I C A N T:

BUSINESS NAME: \_\_\_\_\_

PRINCIPAL OWNER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARTNERS\OFFICERS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL RESIDENCE/BUSINESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ CELL: \_\_\_\_\_

T Y P E O F O R G A N I Z A T I O N:

Individual [ ] Partnership [ ] Corporation [ ]

\*IS THIS A LANDSCAPING BUSINESS (check box): [ ] YES [ ] NO

I N S U R A N C E: Certificate of Liability Insurance must name the Town of East Hampton as additionally insured as well as Certificate Holder. Workers Compensation Certificate\ Exemption Form (CE-200) as Certificate Holder.

E X P E R I E N C E:

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time present employment in subject Occupation or Business.

\_\_\_\_\_ Years experience in subject occupation or business.

\_\_\_\_\_ Years at present location.

State other Business Addresses or Names or Occupations during past Five (5) Years: \_\_\_\_\_

Names of Employees and Salesmen: \_\_\_\_\_

Has Applicant, or any Partner, Officer or Director of Applicant ever:

- (a) been convicted of a crime. [ ] Yes [ ] No
- (b) filed or been adjudicated bankrupt. [ ] Yes [ ] No
- (c) made an assignment for the benefit of Creditors. [ ] Yes [ ] No
- (d) been denied an occupational or home improvement contractors license or had such license suspended, revoked or restricted. [ ] Yes [ ] No



INSURANCE.

- A. Applications and Renewals. No application for a Home Improvement Contractor's License, nor any renewal thereof, shall be accepted by the Town Clerk unless such application is accompanied by a Certificate of Liability Insurance and Workers Compensation Certificate if required by law or Exemption Certificate (form CE-200) if not required.
- B. Minimum General Liability requirements are as follows:
1. Bodily Injury - \$1,000,000 coverage per person and \$2,000,000 coverage per occurrence.
  2. Property Damage - \$150,000 for each occurrence and aggregate.
  3. The Town of East Hampton must be named as Additionally-Insured.

Said Certificate shall also contain a statement that in the event the certified insurance policy is to be canceled, not renewed or materially changed, thirty (30) days prior written notice shall be given to the Town Clerk and Building Inspector of the Town of East Hampton.

- C. Generally, no person shall engage in home improvement contracting, as defined herein, within the Town of East Hampton, unless he shall be insured to the extent of the minimum amounts provided for in the preceding paragraph of this section. A licensee, who for any reason loses such minimum coverage, shall immediately notify the Town Clerk of such loss of minimum coverage and shall forthwith surrender his Home Improvement Contractor's License to the Town Clerk, such license to be returned to said licensee upon submission to the Inspector of suitable proof of renewed coverage meeting the minimum standards hereof. Failure to maintain said coverage will provide grounds for revocation of the license pursuant to §156-15.





## TOWN OF EAST HAMPTON

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Deputy Town Clerk  
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PAOLA GUANGA  
Deputy Town Clerk  
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Approved Continuing Education Courses for Contractors:

<https://www.osha.com/>

<https://www.ronblank.com/>

<https://www.360training.com/>

<https://www.zackacademy.com/>

<https://www.licensetobuild.com/>

<https://www.aecdaily.com/>

<https://www.nari.org/>