



NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, NY 11501
Phone: (516) 571-2600
consumeraffairs@nassaucountyny.gov
www.nassaucountyny.gov

GENERAL INSTRUCTIONS A HOME IMPROVEMENT LICENSE

**** THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE****

A LICENSE MUST ACTUALLY BE IN THE POSSESSION OF THE LICENSEE BEFORE ANY OPERATION OR PROMOTION THEREOF BE LEGALLY CONDUCTED.

1. APPLICATION FORM must be completed and NOTARIZED by an owner or corporation principal.

2. TYPE OF BUSINESS: Must provide correct Filing Receipt/Certificate (see below)

Corporations/LLC:

- a) All Corporations, LLC's, etc. must furnish their Corporate Filing Receipt from the NYS Department of State, Division of Corporations.
- b) All corporations must maintain a bona fide establishment at a definite location within the State of New York. If this is not a New York corporation, you must submit a Certificate of Authority to do business in New York State.
- c) If your corporation is using a DBA, you must submit an Assumed Name Certificate that has been filed with New York State authorizing you to use the name in Nassau County.
- d) All Corporations, LLC, etc. may be required to provide the corporate structure naming all principals, officers, directors, and stockholders.

Partnerships

- a) a partnership conducting business, must submit a certified copy of the partnership certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X74)

Sole Proprietorship:

- a) individuals using their own name, or a trade name, must present a certified copy of the business certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X201)

PLEASE NOTE: If the application is made by an out-of-state individual, partnership, or corporation, you must provide a Certificate of Authority to do business in NY State, have a NY State location, as well as an authorized contact person that has a NYS residence. Contact Person is also required to submit a Disclosure Form.

3. PROOF OF BUSINESS LOCATION: All applicants must submit a copy of a current utility bill, land line phone bill or a current lease to show proof of business location if the business address is different from the home address. **Please Note: a P.O.Box/UPS Store CAN ONLY be used as a mailing address and NOT as a business location.**

4. EMAIL: All applicants must provide a valid email address for business communications. This email address will be used for communications by this Department regarding licensing issues and/or consumer complaints.

5. IDENTIFICATION NUMBERS: NY State law requires ALL businesses to have a Federal Employers Identification number (FEIN). If you collect sales tax, please list your NY State Sales Tax number. For information about obtaining a Federal Employers Identification number please contact 1-800-829-4933 or visit www.irs.gov. For information regarding NYS Sales Tax, please contact 518-457-5431 or visit www.tax.ny.gov. Applications without a FEIN will NOT be processed.

6. DISCLOSURE FORM: Each owner, principal, partner, corporate officer, director, stockholder, manager, and salesperson of the business must complete this form, and have it NOTARIZED.

7. BANK: All applicants are required to provide their business banking information. This includes the banking institution and bank account number that is to be affiliated with your license. NYS General Business Law requires contractors maintain Escrow Accounts and/or post a Surety Bond. **Please note that although we are asking for your business banking information, you may be asked and required to provide your Escrow and/or Bond information upon this Department's request.** For more information regarding Escrow Accounts and Bond requirements, please see the information below or visit the NY State Attorney Generals website at www.ag.ny.gov.

- A. Escrow Accounts:** Any contract payments received by a contractor from a customer prior to substantial completion of the job must be put into a trust (escrow) account in a bank located in New York State within five business days and the customer must be informed where the money is being held within ten business days. The contractor can withdraw the deposit only in the certain circumstances:
- B. Alternative Surety Bond:** As an alternative to the escrow account, the contractor must deliver to the customer a "bond" or "contract of indemnity," guaranteeing that the customer's money will be properly used or returned. The bond must be delivered within ten business days after the contractor receives the customer's money.

8. DESCRIPTION OF WORK: All applicants must list the specific different categories of work you are looking to perform with your license. These categories must match the "Description of Operations" that is listed on your Acord Certificate of Liability Insurance Form.

PLEASE NOTE: If you are sub-contracting work, you MUST have liability insurance for subcontracting and you may be required to submit a list of these sub-contractors along with proof of their liability insurance. In addition, all sub-contractors, except plumbers and electricians, MUST have a valid license with this department (Consumer Affairs).

9. RRP LEAD CERTIFICATE: At least ONE of the owners, principals, partners, corporate officers, directors and/or stockholders must have the following:

- **All contractors, except the Landscaper/Gardener licensee**, are required to submit a Certificate showing proof of completion in an RRP Lead Course. As per Rule 18 of the Rules & Regulations

10. OTHER CERTIFICATIONS/CERTIFICATES: At least ONE of the owners, principals, partners, corporate officers, directors and/or stockholders must have the following:

- **All Sprinkler Licensees'** must have a Back-Flow Certificate from New York State
- **For Swimming Pool & Spa Contractors and Builders Only:** As per Rule 16 of the Rules & Regulations, you are required to submit the proper Pool Certifications if applicable.
 - a) All Pool & Spa Contractors must use licensed plumbers and licensed electricians where required.
 - b) All Pool & Spa Contractors must have a back-flow certification/license where required.
 - c) Five years of experience and a CBP (certified building professional certification) or equivalent certification is required for pool & spa builders
 - d) Five years of experience and a CST (certified service technician), a CSP(Certified Service Professional) or equivalent certification is required for Pool & Spa Contractors who make repairs or perform maintenance on equipment.

e) Five years of experience and a CMS (certified maintenance specialist) certification is required for those who are seasonal contractors who perform pool cleaning on a designated route.

11. INSURANCE: All applicants must have current liability insurance and **MUST** submit a valid Certificate of Insurance with the following information:

- 1) Producer's name, address, and phone number.
- 2) Insured's name and address exactly as the application reads. All business locations must be listed on the certificate.
- 3) Policy number, policy effective date and policy expiration date.
- 4) Full specific description of the type of work covered under the policy. The description must match the type of work that you are licensed to perform as described on your application. **Please note that the words “General Contracting”, “Remodeling”, “Carpentry”, and “Home Improvement” will NOT be accepted. It must be more specific.**
- 5) Authorized Representative Signature.
- 6) Limits of Insurance:

a. For all licenses except Environmental Hazard Remediation:

Bodily Injury - \$100,000/300,000
Property Damage - \$50,000/50,000
Combined Limit - \$300,000 minimum.
DEDUCTIBLES ARE NOT ACCEPTABLE

b. Environmental Hazard Remediation License Only:

Bodily Injury - \$1,000,000/2,000,000
Property Damage - \$1,000,000/2,000,000
DEDUCTIBLES ARE NOT ACCEPTABLE

- 7) Certificate Holder: Nassau County Department of Consumer Affairs
240 Old Country Road
Mineola, New York 11501
- 8) Cancellation Notice: A notice shall be sent to this office within 15 days prior to any cancellation, non-renewal, or change in coverage of a license holder's insurance policy.

PLEASE NOTE: If you are sub-contracting work, you MUST have liability insurance for subcontracting and are required to submit a list of these sub-contractors along with proof of their liability insurance. In addition, all sub-contractors, except plumbers and electricians, MUST have a valid license with this department (Consumer Affairs).

12. WORKERS COMPENSATION: A Certificate of Workman's Compensation is required covering all employees (form U26 or 105.2). If you **DO NOT** have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. For more information on these forms, please contact the NYS Workers Compensation Board at 866-546-9322 or online at www.wcb.ny.gov. Please verify that you are selecting the correct form for your type of business before submitting.

13. JUDGMENT SEARCH: As part of the review process, a judgment search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, manager, and salesperson, as well under the business name or any prior companies that any of the aforementioned may have been part of. Failure to resolve any outstanding judgments may result in a license being denied or put on hold until the judgement is resolved.

14. OPEN COMPLAINTS/VIOLATIONS SEARCH: As part of the review process, a search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, manager, and salesperson, as well under the business name or any prior companies that any of the aforementioned may have been part of. Failure to resolve any outstanding complaints and/or violations may result in a license being denied or put on hold until the complaints and/or violations have been resolved.

15. FALSIFICATION/COMPLETION: Failure to complete the required information or providing false information may result in the denial of the application for a license or any renewal thereto, as well as cancellation, suspension, or revocation in the event such license has been issued. Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

16. FEES: Nassau County License fees:

1. New Application fee for a two (2) year license	\$ 650.00
2. Restitution payment for all New Home Improvement Applications:	\$ 50.00**
5. Additional location fee	\$ 110.00
7. Replacement fee for lost Home Improvement/Home Services License	\$ 60.00

THE RESTITUTION PAYMENT **CANNOT BE COMBINED WITH THE \$650.00 FEE

ALL PAYMENTS CAN BE MADE BY CREDIT CARD, CHECK OR MONEY ORDER PAYABLE TO **“THE COUNTY OF NASSAU”** OR ONLINE AT: www.nassaucountyny.gov/1547/Consumer-Affairs

ALL FORMS ARE TO BE COMPLETED **LEGIBLY** IN BLUE OR BLACK INK OR TYPED.

TWO YEAR LICENSE WILL BE MAILED TO ALL APPLICANTS
AFTER THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

ALL APPLICATIONS THAT ARE NOT COMPLETE WILL BE DEEMED CLOSED AND THE FEES FORFEITED AFTER 3 MONTHS FROM BEING NOTIFIED OF MISSING INFORMATION

THE LICENSE SHALL BE AFFIXED IN A CONSPICUOUS PLACE AT EACH BUSINESS LOCATION &
AS WELL AS A COPY SHALL ALSO BE KEPT IN EACH VEHICLE IF APPLICABLE

IF YOU HAVE ANY QUESTIONS ABOUT YOUR SUBMITTED BUSINESS APPLICATION OR HAVE A
QUESTION ABOUT LICENSING; PLEASE EMAIL US AT:

consumeraffairs@nassaucountyny.gov



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FOR OFFICE USE ONLY

Application Fee \$650.00 **Restitution Pymt:** \$50.00
 Date Paid: _____ Receipt No.: _____
 CC/MO No.: _____
 Issued By: _____

APPLICATION FOR A HOME IMPROVEMENT LICENSE

License No: _____

Issue Date: _____

Type of Business:

Corporation/LLC Partnership Sole Proprietorship Other

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____ Business Phone: _____

Cell Phone: _____

Email Address: _____

Assumed name of Corporation (If any): _____

Mailing Address (if different than business address): _____

Service of Process Address (if applicable): _____

For any supplemental location, an additional fee is required. (See “#13. Fees” section on instructions)

Business Address: _____ Business Phone: _____

Cell Phone: _____

Federal Employers' Identification No.: _____ NYS Employers' Identification No.: _____

NYS Sales Tax Identification No. (if applicable): _____

EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED*

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

***ALL EMPLOYEES AND SALESPERSONS WHO HAVE AUTHORITY TO ESTIMATE, NEGOTIATE AND/OR FINALIZE CONTRACTUAL AGREEMENTS ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS.**

(All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

BUSINESS BANK INFORMATION

Bank Name and Location: _____

Bank Account Number: _____

*** A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BUSINESS BANK ACCOUNT**

WORK BEING PERFORMED (CIRCLE ALL THAT APPLY):

- | | | | |
|---------------------------------|------------------------------|--|----------------------|
| Asphalt & Paving | Awnings | Basements | Baths |
| Boiler Installations | Brick Work | Bulkheads Cabinets | Carpet Installation |
| Carpentry (Interior Work) | Carpentry (Kitchens/Baths) | Carpentry (Dormers/Extensions/Framing/Roofing) | |
| Cement/Concrete Work | Cesspools | Chimney Capping/Cleaning | Closet Installations |
| Decks | Demolition | Dock Builders | Doors |
| Dormers | Drain Cleaning/Clearing | Drainage | Driveways |
| Dry Wells | Duct Work | Elevator Installation/Service | Excavations |
| Extensions | Fencing | Fire Sprinkler Systems | Fireplace |
| Flooring | Foundations | Framing | Garage Doors |
| Handyman (general work) | Glass | Work | Gutter Installations |
| HVAC | Hardwood Flooring | Helical Piles | House Lifting |
| Insulation | Interior Framing | Irrigation | Kitchens |
| Landscaping | Marble | Masonry | Metal Erection |
| Millwork | Mold Remediation | Molding | Painting |
| Partitions | Paving | Pile Driving | Plastering |
| Playground Installation | Pond/Aquarium Install | Power Washing | Ramps/Stair Lifts |
| Reglazing | Roofing | Sanitary Systems | Sealing |
| Septic Tank Installation | Septic Tank Cleaning | Sheetrock | Siding |
| Solar Energy Systems | Stairs & Railings | Stonework Stucco | Subcontracting |
| Swimming Pool Builder/Installer | Swimming Pool Service/Repair | Tiling | |
| Tree Pruning | Tree Removal | Wallpaper | Waterproofing |
| Well Drilling | Window | Other: _____ | |

Will you be sub-contracting any work? Yes No

(All non-employees used as sub-contractors must have in their possession a valid Nassau County License and your insurance must cover you for sub-contracting.)

PLEASE NOTE: If granted a license; you are only being considered for the work you have circled above. In addition, these categories must also be reflected on your Certificate of Liability Insurance in the "Description of Operations" field. If you are subcontracting; that must also be listed in the Description)

INSURANCE INFORMATION

LIABILITY INSURANCE: (please see insurance instructions for detailed information)

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

WORKERS COMPENSATION: If the business has employees, you are required to have Workmen's Compensation Insurance. If the business does NOT have employees, you are must mark "NO EMPLOYEES" and submit a current, signed, and dated waiver from the Workman's Compensation Board.

EMPLOYEE'S NO EMPLOYEE'S

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW IN ORDER TO APPLY FOR A NASSAU COUNTY LICENSE.

Has any trade license ever been denied, cancelled, suspended, or revoked? Yes No
If yes, please explain: _____

Have you ever held any Nassau County License previously? Yes No
If yes, please state number(s). _____

Do you or have you held a license in any other municipality? Yes No
(If yes, please submit a copy of the license with your application)

Are there any outstanding Judgments against the business and/or owners/officers? Yes No

Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints? Yes No

If yes, state when, where and how resolved. _____

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. **PENALTY FOR FALSIFICATION:** Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP, OR INDIVIDUAL BUSINESS

Failure to do so may result in revocation of license

MUST BE NOTARIZED

Sworn to before me
this _____ day of _____, 20____

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)



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**DISCLOSURE FORM INSTRUCTIONS FOR A
NASSAU COUNTY BUSINESS LICENSE**

1. The following Disclosure Form must be **completed** and **notarized** for:
 - a) each individual/owner
 - b) all partners in a partnership
 - c) all corporate officers, directors, and stockholders (including NY contacts for out of state corps)
 - d) all employees and/or salespersons who have the authority to estimate and/or negotiate a contract.

2. Two (2) professional passport_(2"x2") photographs for each person **MUST** be submitted with each disclosure form. Photos must be free of any hats and/or sunglasses and taken within the past 6 months. **Home photos are NOT acceptable.**

3. Each person **MUST SUBMIT** a valid NYS DMV Driver's License or Non-Driver ID Card (for those who do not drive) **and ONE of the following:** a current utility bill (electric or home telephone), NYS Auto Registration or a copy of a current lease. (Please be advised that PO Boxes are NOT acceptable.)

4. All persons are required to answer all yes and no questions and must state all criminal convictions, including DWI, DWAI and DUI, and provide an official disposition from the applicable court. A complete copy of the court case may be required.

5. For the following, **at least ONE** of the owners, principals, partners, corporate officers, directors and/or stockholders must have the following:
 - Contractors, except the Landscaper/Gardener licensee, are required to submit a Certificate showing proof of completion in an RRP Lead Course. As per Rule 18 of the Rules & Regulations

 - Sprinkler Licensees' must have a Back-Flow Certificate from New York State

 - **For Swimming Pool & Spa Contractors and Builders Only:** As per Rule 16 of the Rules & Regulations, you are required to submit the proper Pool Certifications if applicable.
 - a) All Pool & Spa Contractors must use licensed plumbers and licensed electricians where required.
 - b) All Pool & Spa Contractors must have a back-flow certification/license where required.
 - c) Five years of experience and a CBP (certified building professional certification) or equivalent certification is required for pool & spa builders
 - d) Five years of experience and a CST (certified service technician) , a CSP(Certified Service Professional) or equivalent certification is required for Pool & Spa Contractors who make repairs or perform maintenance on equipment.
 - e) Five years of experience and a CMS (certified maintenance specialist) certification is required for those who are seasonal contractors who perform pool cleaning on a designated route.

6. JUDGMENT SEARCH: As part of the review process, a judgment search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, manager, and salesperson, as well under the business name or any prior companies that any of the aforementioned may have been part of. Failure to resolve any outstanding judgments and/or Child Support payments may result in a license being denied or put on hold until the judgement is resolved.

7. OPEN COMPLAINTS/VIOLATIONS SEARCH: As part of the review process, a search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, manager, and salesperson, as well under the business name or any prior companies that any of the aforementioned may have been part of. Failure to resolve any outstanding complaints and/or violations may result in a license being denied or put on hold until the complaints and/or violations have been resolved

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR SUBMITTED BUSINESS APPLICATION OR HAVE A QUESTION ABOUT LICENSING; PLEASE EMAIL US AT:
consumeraffairs@nassaucountyny.gov**

ALL FORMS ARE TO BE COMPLETED LEGIBLY IN BLUE OR BLACK INK OR TYPED.



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DISCLOSURE FORM FOR A NASSAU COUNTY LICENSE

This form is to be completed by each individual owner, partner, officer, principal, director, technician, stockholder, sales representative, manager, foreman and any other person that negotiates with a consumer.

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.

Name: _____ Title/Position: _____
 Home Address: _____ Home Phone: _____
 _____ Cell phone: _____
 Email Address: _____
 Name of Business: _____

DMV ID No.: _____ Social Security No.: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

You must have at least 5 years recent, relevant verifiable experience in the home improvement field. You are required to submit W2's or 1099's for proof.

I have at least ___ years' experience in the home improvement field, or in related activities, which similarly tend to establish my competence to operate a home improvement business.

PRACTICAL EXPERIENCE

Firm Name: _____ Dates of Employment: _____
 Firm Address: _____ Phone Number: _____
 _____ Position: _____
 Description of Duties: _____
 Company Owner: _____ Supervisor: _____

Firm Name: _____ Dates of Employment: _____
 Firm Address: _____ Phone Number: _____
 _____ Position: _____
 Description of Duties: _____
 Company Owner: _____ Supervisor: _____

IN ORDER TO BE PROCESSED THE BACK OF THIS SHEET MUST BE ANSWERED

STATE OF NEW YORK

SS:

AFFIDAVIT

COUNTY OF NASSAU

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT’S KNOWLEDGE UNDER PENALTY OF LAW.

IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.

You are required to certify that any judgment(s) against yourself has been discharged, is being appealed, or being paid according to agreed scheduled payments with creditors; and that there are no unsatisfied or unnegotiated judgments against either the undersigned individual or firm.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Misdemeanor/Felony) Yes No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No

DO YOU HAVE ANY CIVIL OR CRIMINAL ACTIONS NOW PENDING IN WHICH YOU HAVE BEEN INVOLVED IN PERSONALLY AND/OR IN THE COURSE OF BUSINESS? Yes No

DO YOU HAVE ANY CHILD SUPPORT ORDER(S)? IF YES, YOU MUST SUBMIT A COPY OF THE ORDER AND PROOF THAT ALL SCHEDULED PAYMENTS ARE BEING MADE. Yes No

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS Yes No

HAVE YOU EVER FILED BANKRUPTCY (BUSINESS OR PERSONAL) (IF YES, YOU WILL NEED TO PROVIDE DOCUMENTS FOR REVIEW) Yes No

DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY MONEY? IF YES, ALL FUNDS MUST BE PAID TO BE LICENSED Yes No

In consideration of being granted the license hereby applied for, it is agreed that the applicant has received, read and will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
this _____ day of _____, 20____

(Applicant Printed Name)

Notary’s Signature

(Applicant Signature)