



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 FOR 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 WORK, ADVERTISING, OR SOLICITATION CAN BE LEGALLY CONDUCTED.

1. **APPLICATION FORM** must be completed by an owner or principal of the business and NOTARIZED.

2. TYPE OF BUSINESS:

Corporations/LLC:

- a) All Corporations, LLC's, etc. must furnish their Corporate Filing Receipt from the NYS Department of State, Division of Corporations. If you do not have the Filing Receipt, please obtain one of the following from the NYS Department of State, Division of Corporations: Certificate of Status; Certificate of Good Standing; or Certificate of Existence.
- 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 business you must submit a Certificate of Authority to do business in New York State.
- c) If your business 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) Corporations and LLC's, may be required to provide minutes reflecting their corporate structure naming all principals, officers, directors, and shareholders.

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, corporation or LLC, 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. The Contact Person is also required to submit a Disclosure Form.

3. PROOF OF LOCATION: All applicants must submit a copy of a current utility bill, land line phone bill, or a current lease or deed, 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. No Exceptions.**

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, member, shareholder, 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 name of the banking institution and bank account number that will be used with your license. NYS General Business Law requires that contractors maintain Escrow Accounts and/or post a Surety Bond. **Please note that although we are only asking for your business banking information, you may be 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. See NY General Business Law Section 771 (e)

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: The different categories of home improvement work that you plan to advertise and/or perform with the license, must be indicated on the Home Improvement Work Sheet of the license application. These categories must match the "Description of Operations" that is listed on your Certificate of Liability Insurance Form (Acord).

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

- **RRP Lead Safety for Renovation, Repair & Painting:** Home Improvement Contractors whose work could possibly involve contact with surfaces at a residential property that were previously painted with lead paint, must complete an EPA approved Lead Safety for Renovation, Repair & Paint course. (RRP) See 40 CFR Part 745.225 and Rule 18 of the Rules and Regulations Relating to the Home Improvement Business, for further details. The Rules & Regulations are posted on our website, nassaucountyny.gov. The RRP completion certificate must have a **photograph** of the individual who attended the in person portion of the course.
- **Sprinkler/Irrigation Work:** Home Improvement Contractors who are doing sprinkler/irrigation work must submit a New York Back Flow Tester Certification, from a NYS Department of Health approved course provider. See NYCRR Section 5-1.31 and Rule 22 of the Consumer Affairs Rules and Regulations Relating to the Home Improvement Business, which is posted on our website nassaucountyny.gov.
- **For Swimming Pool & Spa Contractors and Builders:**
 1. All Pool & Spa Contractors must use licensed plumbers and licensed electricians.
 2. All Pool & Spa Contractors must have:
 - Five years of experience and a **CBP** (certified building professional certification) or equivalent certification for pool & spa builders.
 - Five years of experience and a **CST** (certified service technician), or a **CSP** (Certified Service Professional) or equivalent certification, for Pool & Spa Contractors who make repairs/do renovations or perform maintenance on equipment.

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

10. EXPERIENCE: One owner/officer/principal must have at least 5 years of recent, relevant verifiable experience in the home improvement field. That owner/officer/principal is required to submit five years of W2's, 1099's, or a license in another municipality for proof.

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

- 1) Insurance Agent or Broker's name, address and phone number.
- 2) Insured's name and address exactly as it appears on the application. All business locations must be listed on the certificate.
- 3) Policy number, policy effective date and policy expiration date.
- 4) The name of the Insurer/Insurance Company providing/affording the Insurance coverage.
- 5) A full and specific description of the work covered under the policy must be listed in the Description of Operations Box on the Certificate of Insurance. The description of operations must match the work stated and/or indicated on the Home Improvement Work Sheet part of your license application. Please note that the words "General Contracting", "Remodeling", "Carpentry", and "Home Improvement" will **NOT** be accepted; the categories of work performed must be specific.
- 6) Authorized Representative Signature.
- 7) Limits of Insurance:

Bodily Injury - \$250,000/500,000
Property Damage - \$100,000
- 8) Certificate Holder: Nassau County Department of Consumer Affairs
240 Old Country Road
Mineola, New York 11501
- 9) 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 or are doing work that has been deemed by the Commissioner to require sub-contracting, you MUST have liability insurance that allows for subcontracting. Subcontracting must be listed in the Description of Operations Box on your Certificate of Insurance. All sub-contractors, except plumbers and electricians, MUST have a valid license with the Nassau County Department of Consumer Affairs.

12. WORKERS COMPENSATION: A Certificate of Workman's Compensation is required covering all employees. Forms U26 or 105.2 are acceptable. If you **DO NOT** have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board, which states that you have no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members), or subcontractors. 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 for industry related judgments, tax liens and warrants, and unpaid child support, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, manager, and salesperson, **individually**, and under the **business name**, and the name of any **prior** business name. In order to proceed with the license application, outstanding judgments must be satisfied, vacated, in the process of being appealed or vacated, or being paid under an agreed upon payment plan with proof of up-to-date payments.

14. OPEN/UNRESOLVED CONSUMER COMPLAINTS AND UNPAID CONSUMER AFFAIRS' VIOLATION FINES: As a part of the review process, a search for open/unresolved consumer complaints and unpaid Consumer Affairs' violation fines, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, manager, and salesperson, individually, and under the business name, and the name of any prior business. In order to proceed with the license application, the violation fines must be paid in full and any open/unresolved consumer complaints must be resolved or in the process of being resolved. Please contact the investigator assigned to the consumer complaint for the status of an open or unresolved complaint.

15. FINGERPRINTING: All Home Improvement license applicants must submit to a finger-print based background check. After a final review of your license application, you will be sent instructions for the fingerprinting process. This is a ONE-TIME requirement; the cost will be approximately \$90.

16. 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 may be referred to the Office of the District Attorney for criminal prosecution.

17. FEES: Nassau County License fees:

1. New Application (2 year license)	\$650.00
2. Restitution*	\$ 50.00
3. Additional location fee	\$110.00
4. Replacement cost for lost license	\$ 60.00

*Every applicant for a Home Improvement License must pay a one time \$50 fee into the **Restitution Fund**, which compensates Nassau County Homeowners, who have filed a consumer complaint with Consumer Affairs that was not resolved and obtained a legal judgment against a licensed Home Improvement contractor, and which judgment was unable to be enforced.

THE RESTITUTION FUND ONE TIME FEE MUST BE PAID **SEPARATELY**, AND CANNOT BE COMBINED WITH THE APPLICATION FEE.

ALL PAYMENTS CAN BE MADE BY **OFFICIAL BANK/CERTIFIED CHECK OR MONEY ORDER** PAYABLE TO **"THE COUNTY OF NASSAU"**

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

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

THE LICENSE SHALL BE AFFIXED IN A CONSPICUOUS PLACE AT EACH BUSINESS LOCATION AND 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 “#17. 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, CORPORATE OFFICER, LLC MEMBER, PRINCIPAL ETC. MUST BE LISTED*

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

***ALL OWNERS, CORPORATE OFFICERS, LLC MEMBERS, PRINCIPALS, 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.**

HOME IMPROVEMENT (CIRCLE) WORK SHEET

Part A

Fill in the ovals for **ALL** work that **you/your** company will be doing with your Home Improvement License. See Part B (next page) for work that will be sub-contracted by you.

The work indicated must also be listed in the Description of Operations Box on your General Liability Certificate of Insurance.

Failure to maintain the required insurance coverage for the home improvement work that you are doing may result in a violation, fine, or suspension of your license.

If you knowingly possess a written document or instrument containing a **false statement** or information, and you **submit** the document or instrument to a public authority or public office, you can be charged with Offering a False Instrument For Filing in the First Degree, a **Class E Felony**. See NY Penal Law Section 175.35

Landscaping

- Irrigation/Sprinklers Landscaping Pond/Aquarium Install Shrub/Tree Pruning Tree Removal

Carpentry/Painting/Insulation/Flooring

- Awnings Basements Cabinets Carpet Installation Closet Install
 Decks Doors Fencing Flooring Framing
 Garage Doors Glasswork/Glazing Insulation Kitchens & Baths Molding
 Painting Playground Install Power Washing Sheetrock/Drywall Stairs & Railings
 Wallpaper Windows

Masonry

- Asphalt & Paving Cement/Concrete Driveways Fireplace
 Foundations Stucco Tiling/Marble Waterproofing

Roofing/Siding/Dormers

- Chimney Capping/
Cleaning Dormers/Extensions Gutters Roofing Siding

Pool/Septic/Docks

- Cesspool/Septic
Cleaning Cesspool/Septic
Install Dock Builders Drain Cleaning Dry Well & Drainage
 Helical Piles/Pile Driving Pool Build/Install Pool Service/Repair Well Drilling

Other

- Demolition Elevator Service/Install Excavations Fire Sprinkler Systems House Lifting
 HVAC Mold Remediation Plastering Solar Energy Systems _____

Part B

The following work is deemed by the Commissioner to require **SUBCONTRACTING**.

- Bathroom Remodeling
- Dormers/Extensions
- Fire Sprinkler Systems
- House Lifting
- Kitchen Remodeling
- Solar Energy Systems

Will you be **SUBCONTRACTING** work? **Yes** **No**

If yes, what work will you be subcontracting? _____

Subcontracting must be listed in the Description of Operations box on your General Liability Certificate of Insurance. The subcontractors, you hire or arrange for, are required by law to have a license to work and must have a valid license in their possession.

The following work requires **WORKER’S COMPENSATION Insurance**; a **U26 or 105.2 form** must be submitted. Under no circumstances will a **Worker’s Compensation Waiver (CE200)** be accepted for the work listed below.

- Awnings
- Cesspool/Septic Install
- Cesspool/Septic Cleaning
- Chimney Capping/Cleaning
- Dock Builders
- Dormers/Extensions
- Dry Wells/Drainage
- Elevator Service/Install
- Excavations
- Fire Sprinkler Systems
- Foundations
- Helical Piles/Pile Driving
- House Lifting
- Kitchens & Baths
- Playground Install
- Pool Builder/Installer
- Roofing
- Solar Energy Systems
- Subcontracting
- Tree Removal
- Well Drilling

Date: _____

Name: _____

Signature: _____

BANKING INFORMATION

Bank Name: _____

Bank Location: _____

Bank Account Number: _____

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

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 must mark "NO EMPLOYEES" and submit a current, signed, and dated waiver from the Workman's Compensation Board. Form CE-200.

EMPLOYEES NO EMPLOYEES / NO VOLUNTEERS / NO SUBCONTRACTORS

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

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER ACCURATELY AND TRUTHFULLY.

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

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

3. Have you ever held a Consumer Affairs license in any other municipality? Yes No
Currently or Previously? (If yes, please submit a copy of a current license with your application)

4. Are there any outstanding Judgments against the business and/or owners, corporate officers, LLC members, or principals? Yes No

5. Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints lodged against your business? Yes No
If yes, state when, where and how resolved. _____

In consideration of being granted a license, it is agreed that the applicant will comply with the Rules and Regulations of the Department of Consumer Affairs that are now in effect and may be in effect in the future.

Licenses are required to **NOTIFY** the Department of Consumer Affairs in writing, within TEN days of any **CHANGE** in the **ownership** or **operation** of the licensed business or a change of the business **address** or the address of any owner/principal of the licensed business.

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO § 210.45 OF THE NEW YORK PENAL LAW

MUST BE NOTARIZED

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

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)



NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS

240 Old Country Road, Mineola, NY 11501

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consumeraffairs@nassaucountyny.gov

www.nassaucountyny.gov

**DISCLOSURE FORM INSTRUCTIONS FOR A
NASSAU COUNTY HOME IMPROVEMENT 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, members, 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:
 - **RRP Lead Safety for Renovation, Repair & Painting:** Home Improvement Contractors whose work could possibly involve contact with surfaces at a residential property that were previously painted with lead paint, must complete an EPA approved Lead Safety for Renovation, Repair & Paint course. (RRP) See 40 CFR Part 745.225 and Rule 18 of the Rules and Regulations Relating to the Home Improvement Business, for further details. The Rules & Regulations are posted on our website, nassaucountyny.gov. The RRP completion certificate must have a **photograph** of the individual who attended the in person portion of the course.

 - **Sprinkler/Irrigation Work:** Home Improvement Contractors who are doing sprinkler/irrigation work must submit a New York Back Flow Tester Certification, from a NYS Department of Health approved course provider. See NYCRR Section 5-1.31 and Rule 22 of the Consumer Affairs Rules and Regulations Relating to the Home Improvement Business, which is posted on our website nassaucountyny.gov.

 - **For Swimming Pool & Spa Contractors and Builders Only:**
 1. All Pool & Spa Contractors must use licensed plumbers and licensed electricians.
 2. All Pool & Spa Contractors must have:
 - Five years of experience and a **CBP** (certified building professional certification) or equivalent certification for pool & spa builders.
 - Five years of experience and a **CST** (certified service technician), or a **CSP**(Certified Service Professional) or equivalent certification, for Pool & Spa Contractors who make repairs/do renovations or perform maintenance on equipment.
 - Five years of experience and a **CMS** (certified maintenance specialist) certification 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 for industry related judgments, tax liens and warrants, and unpaid child support, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, and salesperson, individually, and under the business name and under the name of any prior business name. In order to proceed with the license application or renewal, outstanding judgments must be paid or satisfied, vacated, in the process of being vacated or paid under an agreed upon payment plan with proof of up-to-date payments.

7. OPEN/UNRESOLVED CONSUMER COMPLAINTS AND UNPAID CONSUMER

AFFAIRS' VIOLATION FINES: As part of the review process, a search for open/unresolved consumer complaints and unpaid Consumer Affairs' violation fines, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, manager, and salesperson, individually, and under the business name, and the name of any prior business name. In order to proceed with the license application or renewal, the violation fines must be paid in full and any open/unresolved consumer complaints must be resolved or in the process of being resolved.

8. EXPERIENCE: One owner/officer/principal must have at least 5 years of recent, relevant verifiable experience in the home improvement field. That owner/officer/principal is required to submit five years of W2's, 1099's, or a license in another municipality for proof.

9. FINGERPRINTING: All Home Improvement license applicants must submit to a finger-print based background check. After a final review of your license application, you will be sent instructions for the fingerprinting process. This is a ONE-TIME requirement; the cost will be approximately \$90.

**IF YOU HAVE ANY QUESTIONS ABOUT THE LICENSE PROCESS, PLEASE EMAIL US AT:
consumeraffairs@nassaucountyny.gov**



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DISCLOSURE FORM FOR A NASSAU COUNTY LICENSE

This form is to be completed by each individual owner, partner, officer, principal, member, director, technician, stockholder, sales representative, manager, foreman and any other person that negotiates with a consumer or signs contracts on behalf of the business.

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: _____
 (P.O Boxes are not _____ Cell phone: _____
 allowed)
 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: _____

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER ACCURATELY AND TRUTHFULLY.

1. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY CRIME? Yes No
(if YES, provide a Certificate of Disposition from the Court and a written explanation.)
2. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No
(if YES, provide court documents listing the charges and the next court date.)
3. DO YOU HAVE ANY CIVIL LAWSUITS PENDING AGAINST YOU OR YOUR BUSINESS RELATED TO YOUR BUSINESS OR A PRIOR BUSINESS? Yes No
(if YES, provide a copy of the Summons and Complaint, and the status of the lawsuit.)
4. DO YOU (OR DID YOU) HAVE A CHILD SUPPORT ORDER? Yes No
(if YES, provide a copy of the Order and proof that all scheduled payments have been made.)
5. DO YOU HAVE ANY OUTSTANDING (UNPAID) JUDGMENTS, LIENS OR TAX WARRANTS? Yes No
(if YES, please provide proof that the judgments, liens, or warrants, were paid, vacated, or are in the process of being vacated or appealed, or being paid under a payment plan.)
6. HAVE YOU EVER FILED BANKRUPTCY (BUSINESS OR PERSONAL)? Yes No
(if YES, provide a copy of the Bankruptcy Petition including Schedule D: Secured Creditors, Schedule E: Unsecured Creditors, and the Discharge Decree, if granted by the court.)
7. DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY OR DEPARTMENT MONEY? Yes No
(if YES, you must provide proof of payment.)

I AGREE TO **COMPLY** WITH THE **RULES AND REGULATIONS** OF THE DEPARTMENT OF CONSUMER AFFAIRS THAT ARE NOW IN EFFECT AND MAY BE IN EFFECT IN THE FUTURE.

I AGREE TO **NOTIFY** THE DEPARTMENT OF CONSUMER AFFAIRS WITHIN TEN DAYS OF ANY OF THE FOLLOWING **CHANGES**:

- OWNERSHIP of the business
- PRINCIPALS of the business including Corporate Officers/ Partners/ Members
- OPERATIONS or SCOPE OF WORK done by the business (or advertised.)
- BUSINESS ADDRESS or HOME ADDRESS of a BUSINESS PRINCIPAL

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO § 210.45 OF THE NEW YORK PENAL LAW

MUST BE NOTARIZED

Sworn to before me

this _____ day of _____, 20____

Notary's Signature

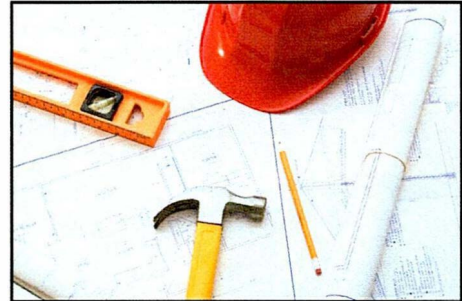
(Applicant Printed Name)

(Applicant Signature)



BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE

HELPFUL TIPS TO OBTAINING A HOME IMPROVEMENT LICENSE



Applying for a license? You can help speed up the process by making sure everything that is required by our department is submitted. This will not only help speed up the review of your license application; it allows you to get to work faster for our residents.

BUSINESS APPLICATION

- Business application completely filled out. (This means all questions answered, signed, and notarized).
- A valid NYS filing receipt and/or assumed name certificate provided for Corporations/LLC/LTD/ Partnerships; or a current business certificate filed with the Nassau County Clerk's Office.
- Either a current land line business phone bill, utility bill, and/or lease verifying the address of your business.
- Current Certificate of Business Liability Insurance with the description of work that you are looking to be licensed to perform. If you are hiring sub-contractors, you must have "sub-contracting" listed on your certificate. You must also make sure Consumer Affairs is a Certificate Holder. For Insurance requirements, please visit: <https://www.nassaucountyny.gov/3507/Insurance-Requirements>
- A current certificate of workman's compensation insurance on a U26 or 105.2 form; or if no employees, a current signed CE-200 form
- As required for certain license's; A bond in the correct business name (must be valid for 2 years). For Health Clubs Only; (as per D-24 of Local Law Section 21-32.3) bond or proof that you are exempt.

DISCLOSURE FORM (FOR EACH OWNER/PRINCIPAL/OFFICER/SALES/MANAGER)

- Disclosure Form completely filled out for each officer, principal, and/or owner. (This means all questions answered, signed, and notarized).
- Two 2x2 passport photos
- A copy of your valid NYS drivers license.
- A current utility bill, NYS vehicle registration or lease from your home address (if leased)
- Five years of recent relevant verifiable experience (ex: W2's, 1099's, a license in another municipality)
- RRP Lead certification (as per epa.gov/lead)

Please note that INCOMPLETE applications WILL NOT be accepted and that providing all the information above, does not constitute the issuance of a license. You may be required to provide more information upon review.

NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola | 516-571-2600

