



**PUTNAM COUNTY
HOME IMPROVEMENT CONTRACTOR REGISTRATION INSTRUCTIONS**

****Any application submitted without all the requested information and documentation will be returned and considered invalid***

Checklist for FIRST TIME APPLICANTS

- For **Individual** (using assumed name or d/b/a):
 - MUST include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
- For **Partnerships**:
 - MUST include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
- For **Corporations**:
 - MUST include a copy of a **CORPORATE FILING RECEIPT**

- Include a **CERTIFICATE OF LIABILITY INSURANCE** (Must be an ACORD form)
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Putnam County must be listed as the **ADDITIONALLY INSURED**
 - Scope of work must be included in the description of operations or application will be returned.

- Include **WORKERS COMPENSATION FORM (C105.2 or U26.3) or EXEMPTION FORM (CE-200)**
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs
 - *NOTE: If Workers Compensation is not required, you MUST fill out a Workers Compensation Waiver online (Form CE-200) at www.wcb.ny.gov

- Include **LICENSE & PERMIT BOND –or – BOND CONTINUATION CERTIFICATE- IN THE AMOUNT OF \$25,000.00**
Requirements:
 - Bond MUST be for **2-year** period. Registration expiration date will correspond with the term of the bond.
 - The obligee MUST be Putnam County Dept. of Consumer Affairs
 - Bond MUST BE SIGNED by the principal IF NEW BOND ONLY**

- Complete the attached **CHILD SUPPORT FORM**
***NOTE:** Not required if your business is a corporation
***NOTE:** Cannot accept Tax ID- OR -ITIN card in lieu of Social Security Number.

- Complete the Scope of Work check list attached to application- be sure to list scope of work on liability form

- Include current copies of **VEHICLE REGISTRATIONS** that are used in the performance of your occupation as a Home Improvement Contractor. (**Note: cannot accept window registration sticker**)

- Include copies of **CURRENT HOME IMPROVEMENT LICENSES** - if held in other municipalities

- Include copy of **VALID PHOTO DRIVER'S LICENSE FROM THE STATE IN WHICH YOU RESIDE** and proof of current home street address, **IF DIFFERENT FROM THE ADDRESS ON THE DRIVER'S LICENSE.**

- Include the **REGISTRATION FEE** in the form of a check or money order in the amount of **\$300.00** made payable to **Putnam County Commissioner of Finance** – this payment covers your two-year registration. Decals are included with new application. Request for additional decals after registration is processed is \$5.00 for each decal.

- Include a **PHOTO** of the owner, partner or highest- ranking corporate officer.
Requirements:
 - This photo MUST be submitted either by sending an e-mail to contractors@putnamcountyny.gov. or including passport type photo with application. Note: Cannot use photo from Driver's License
 - *NOTE: If sending by e-mail MUST include company Name and contractor name in subject area of email and be submitted in **jpg** format.

- Include a copy of the **CERTIFICATE OF ATTENDANCE** that you have received from attending the Lawn Care Best Management Practices (applies to **Landscaping and Lawn Care Contractors ONLY**)



COUNTY OF PUTNAM
 Office of Consumer Affairs
 110 Old Route 6 Bldg. 3
 Carmel, NY 10512
 (845) 808-1617
<http://www.putnamcountyny.com/consumer-affairs/>

FOR OFFICE USE ONLY	
Acct# _____	Bill# _____
Fee Amount: _____	# of Decals: _____
<input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/> C.C # _____	
Child Support <input type="checkbox"/> N/A <input type="checkbox"/> Y Bus Cert/Filing Rec. <input type="checkbox"/> Y <input type="checkbox"/> N	
Driver's License <input type="checkbox"/> Y <input type="checkbox"/> N Photo <input type="checkbox"/> Y <input type="checkbox"/> N	
C of L: _____	W/C: _____
Bond Exp. _____	End Date: _____
Notes:	

ORIGINAL APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR

**Answers to ALL questions must be printed clearly or typed, accurate and complete*

Business Type: Individual Partnership Corporation LLC

Business Information

Business Name: _____

Business Address: _____ Business Phone: _____

_____ Fax: _____

_____ E-mail: _____

(Required if you have an email address)

Applicant Information

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

_____ E-mail: _____

_____ Position: Owner President Partner

Where should we mail correspondence that relates to your Home Improvement Registration? Check one:

BUSINESS ADDRESS HOME ADDRESS

List all employees who are affiliated with your business and/or deal with the public:

	NAME:	POSITION:	DUTIES:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PLEASE CONTINUE ON TO THE NEXT PAGE...

NOTE: ANY SCOPE OF WORK CHECKED BELOW MUST BE INDICATED ON YOUR CERTIFICATE OF LIABILITY INSURANCE FORM OR APPLICATION WILL BE RETURNED

This company engages in the following: (check all that apply)

- _____ Arboriculture
- _____ Asphalt or blacktop or driveway sealing
- _____ Landscaping and gardening
- _____ Lawn mowing/ground maintenance/leaf blowing
- _____ Swimming pools
- _____ Air duct cleaning
- _____ Antennas or satellite dishes
- _____ Awnings or siding
- _____ General Carpentry/Construction (includes roofing)
- _____ General Carpentry/Construction (excludes roofing)
- _____ Central vacuum cleaning systems
- _____ Chimney cleaning, installation, and repairs
- _____ Drywall and taping
- _____ Environmental reclamation
- _____ Excavation
- _____ Fencing
- _____ Flooring and wall-to-wall carpeting
- _____ Garages and garage doors
- _____ Gutters and leaders
- _____ Insulation
- _____ Kitchen & Bath remodeling
- _____ Masonry
- _____ Painting and wall coverings
- _____ Porches, patios, terraces, decks, retaining walls, outdoor stonework
- _____ Pressure washing
- _____ Roofing
- _____ Septic systems
- _____ Solar panels
- _____ Tiling
- _____ Waterproofing
- _____ Window and door treatments
- _____ Windows, doors, and skylights

Other (please specify): _____



NOTE: Do not submit this form. You must consult and obtain your bond from your insurance company.

LICENSE AND PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS: BOND No: _____

That we, _____ (John Doe, - dba, Inc., LLC, etc...) _____,
Of the (town – city – etc...) of (town – city name), State of _____, as Principal,
and (Bond Company) _____ a Corporation duly licensed to do business in the
State of _____, as Surety, are held and firmly bound unto the
(Putnam County – Dept. of Consumer Affairs) State of New York, _____ Obligee, in the
(Valid only when a County, City, Town or Village is named as Obligee)
Amount of Twenty-Five Thousand and no/100 (\$25,000.00) Dollars,
(NOT VALID FOR MORE THAN \$25,000)

Lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed (as a home improvement contractor) By the Obligee. _____

NOW THEREFORE, IF THE Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the _____ day of _____, 20____,

and ending on the _____ day of _____, 20____ unless renewed by

continuation certificate. *****MUST RUN FOR ENTIRE TWO YEAR TERM OF REGISTRATION*****

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal, In care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any subsequent acts or omissions of the Principal.

Dated this _____ day of _____, 20____

Principal

John Doe (Signature) Principal

Countersigned By _____ Agent's Signature Resident Agent By _____ President

Appendix to a License Application

The child support obligations (New York State General Obligations Law Title 5 section 3-503) do not apply to corporations.

Complete, sign and date this form if you are applying for a license or license renewal.

Applicant	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

Certification

- Are you under an obligation to pay child support? If yes, complete items 1 - 4. Yes No
1. I am making payments in accordance with a plan agreed upon by the parties. Yes No
2. I am four months or more behind in the payment of child support. Yes No
3. My child support obligation is the subject of a pending court proceeding. Yes No
4. I am receiving public assistance or supplemental security income. Yes No

If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding you may be subject to suspension of your business, professional and/or driver licenses.

Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: _____ Date: _____